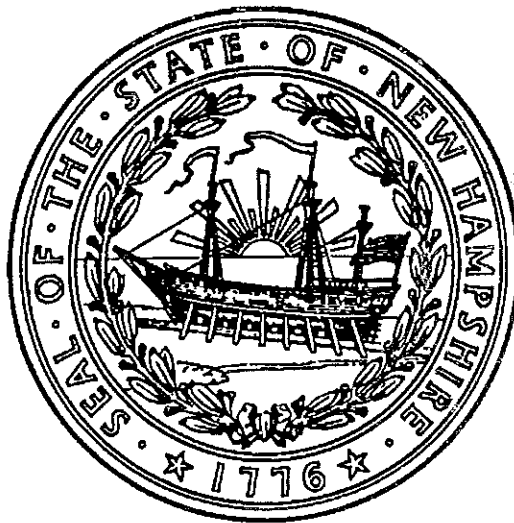


STATEWIDE TRANSIT COORDINATION STUDY



State of New Hampshire

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I. Executive Summary

The Statewide Transit Coordination Study was undertaken to review existing transit provision in New Hampshire and develop recommendations for a coordinated system, in order to better utilize diminishing funds and more efficiently provide services to clients. A Transit Planning Advisory Committee (T-PAC) was formed to develop, discuss, review, and recommend plan components. The T-PAC represented a broad cross-section of transit related interests including human services, transportation providers, advocacy groups and planning. The T-PAC met for seven months to discuss options and issues and recommend a coordination structure suitable for implementation in New Hampshire.

The recommended structure first establishes a State Coordinating Council (SCC) to 1) develop policy, define attributes, and establish guidelines for coordinated transportation services and 2) administer and manage the coordinated system statewide. The preferred model also establishes Regional Coordinating Councils (RCC) to evaluate and coordinate regional transportation needs and capabilities within individual or multiple county boundaries initially, but with geographical modifications as appropriate. The RCC's will work with a Regional Coordinator, selected by an RFP process, to administer specific functions. The Regional Coordinator will submit proposals to the Departments of Transportation and NH Department of Health and Human Services for funding which will then be reviewed by the SCC. The SCC will make funding recommendations to NHDOT and NHDHHS who will contract directly with the Regional Coordinators. The Regional Coordinators will sub-contract with local providers who participate in coordination. Implementation will be assured by requiring coordination as a condition of funding.

The T-PAC reviewed several options and evaluated these according to many different issues such as flexibility, accountability and accessibility. A majority of members felt the recommended structure gave the greatest degree of flexibility while meeting the need for a coordinated system.

The NHDOT and NHDHHS will be primarily responsible for the implementation of the recommendations contained in this plan.

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II. Introduction

A. Purpose

The coordination of transit and paratransit systems to provide more comprehensive and more efficient services has been an objective of Federal and State agencies for some time. As transportation budgets become further constricted, services continue to be fragmented, and ridership levels decrease, the need for cooperation and coordination among service providers is paramount. Organizations providing transportation services, whether in concert with human services or strictly transportation services, can no longer afford to function independently.

In New Hampshire, there are hundreds of organizations offering transit and paratransit services. These range from fixed route public transportation, to fixed route and demand response elderly and disabled transportation, to volunteer drivers working for a local organization, and to virtually anything in between. The sheer number of providers and variety of services available make coordination a daunting task. In addition, the divergence in transportation needs between the rural and urban areas of New Hampshire present another challenge. However, by developing processes for better communication among providers, clients, and State agencies, coordination and improved efficiency may be more easily attained.

The Statewide Transit Coordination Study was developed under the auspices of the New Hampshire Office of State Planning upon request of the New Hampshire Departments of Transportation and Health and Human Services. For years, representatives from NHDOT and NHDHHS, as well as providers of transportation and human services have discussed how to provide adequate services to clients delivered with efficiency from management, financial, and client perspectives. In doing so, it was determined that a planning study needed to be conducted which would address the potential for coordination among providers and enhanced services for clients, in consideration of diminishing State and Federal funding. Of the utmost importance was providing a forum for a broad spectrum of participation.

The planning study was developed to determine (a) the needs of the agencies which fund transportation, (b) the capabilities of the service providers, and (c) the model for coordination which would be best suited to New Hampshire. Appendix A contains the "Ideas for New Hampshire" by Christopher Morgan, NH Department of Transportation, which provided the basis of the MOA, Memorandum of Agreement and the project work plan.

B. Process

Based upon suggestions from State agency representatives, human services providers, and transportation providers, OSP established a Transit Planning Advisory Committee (T-PAC) to guide the study. The T-PAC included representatives from a variety of organizations representing providers, clients, and funders of transportation services in New Hampshire to ensure that a broad perspective was heard. The T-PAC served as the decision-making body and base of knowledge from which a coordination structure best suited to New Hampshire could be designed. The OSP representatives served as facilitators and project managers to elicit information, analyze data and develop recommendations based on the T-PAC's input. Appendix B contains a list of T-PAC members and minutes from meetings.

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The planning study was initiated in January, 1995 and the T-PAC met at least monthly through July of 1995 to discuss expectations, barriers, service capabilities, service needs, coordination models in other states and coordination options for New Hampshire. The recommended coordination model reflects the majority vote decision of the T-PAC members present.

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III. Coordination Systems

A. Structural Characteristics of Other State Systems

The New Hampshire Department of Transportation conducted a fax survey in August, 1994 to determine the level of coordination which exists in other states. Twenty-one states responded to the survey. Of these:

- twelve states (12) have some level of coordination or consolidation of transportation funds;
- no states consolidate all transportation funds at the state level;
- five (5) states consolidate some funds at the state level;
- six (6) states consolidate some funds at the regional or local level;
- three (3) states involve a third party in the coordination of transportation services;
- two (2) states have developed a state coordinating committee with approval powers;
- eight (8) states have developed state coordinating committees with advisory powers;
- two (2) states have developed official regional coordinating committees;
- one (1) state has developed such a committee on an ad hoc basis; and
- six (6) states have developed a formal agreement between the NH Department of Health and Human Services and the Department of Transportation regarding the coordination of Transportation

Appendix C contains summary information regarding the coordination programs in other states.

Additional information showed that several states have established transit coordination systems in response to the Federal Medicaid program. Most of these states have adopted either a regional brokerage system, contracting with private firms or agencies such as councils on aging, local transit groups, Community Action Programs, associations for retarded citizens, etc., or a coordination system through already established regional state service agencies such as county health departments, transportation offices, Medicaid or social service offices. Appendix D contains information regarding Medicaid coordination programs in other states from the report "Innovative State Medicaid Transportation Programs.

Based on the review of other state programs, regional coordination seems to be preferred over one state-wide coordinator or broker. Typically because local coordinators are more familiar with the area, drivers, and services and costs due to local telephone usage and local knowledge to judge fraudulent requests are greatly reduced. There are several varieties of brokerages however, which can be constructed based on whether certain brokerage functions are centralized or decentralized and which entities (existing or newly established public agencies; private, non-profit agencies; private, for-profit management firms; and public PNP or PFP operators) are given the responsibility for certain functions.

Example: Iowa

In Iowa, a legal mandate states that a single agency must be designated for each of Iowa's 16 multi-county coordination districts. This agency may be:

- (1) the operator of consolidated transportation services;
- (2) a broker only for the services; or
- (3) a combination of these two functions.

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The transportation providing agency must maintain an open-door policy allowing the general public, as well as the target client group access to its vehicles. The coordination mandate assigns implementation responsibility to the state agencies. All local agencies that provide or require federally supported transportation services must be responsible to the state implementing agencies. The mandate requires that local agency funding requests be reviewed by a state advisory council comprised of state agency representatives and the State Association of Counties.

Since implementation of this structure, recommendations have been made to amend the legislation to make the state advisory council a function of the Office of the Governor rather than NHDOT. Program evaluations however, have indicated that coordination efforts have opened lines of communication between public transit systems and human services agencies at the state and local level, removed inefficient transportation provision practices, and improved the transportation providers ability to provide transportation services that meet the needs of the general public, as well as specialized groups.

One disadvantage exists when regional brokers or coordinators do not put emphasis on coordinating with each other. Lack of coordination and assistance between regions creates confusion and frustration for the client needing a ride between service areas.

The broker or regional coordinator serving also as a transit provider, created a disadvantage as well, as there was a higher risk of fraudulent services and less incentive to find the most economical ride.

The use of travel vouchers, which needed to be signed by the transit provider and the medical provider (in the case of Medicaid), was hailed by many states as a needed confirmation of trips taken because reimbursement to the individual, family member or transit provider will only be given if the form is signed by the medical provider. This was found to greatly reduce fraudulent rides. This mechanism is not as necessary in a service design that incorporates centralized eligibility verification however, and reservation-intake. Vouchers were initially designed for service designs where carriers were given the responsibility for reservation intake.

Other structural details of coordination systems include:

- (1) requiring all transit providers, whether agencies, non-profits, volunteers or family members, to be registered and given a transit number. If someone is not a part of the system they can not get reimbursed. This reduces fraudulent claims, but does not allow for flexibility. On the other hand, by having a number or identification system, the individuals special needs are known and the appropriate transit service can be provided with a minimum of confusion;
- (2) operating on a budget system and giving service agencies specific transportation budgets. It was felt that this encouraged cost-effective planning.

B. General Coordination Models

A regional coordinator or broker of transportation services can be an existing or newly-created public transportation agency (e.g. a regional, county-based or municipal transit/transportation authority, district or department); a public human service agency (e.g. a County Area Agency on Aging); a private, non-profit human services agency (e.g. Red Cross); a private, non-profit transportation agency; or a private, for-profit management firm hired by one or more of the above. A brokerage is further

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characterized by which of the principal functions lie with the broker and which of the principal functions are contracted, recognizing that there are several functions that can be performed by both, depending on the particular design of the service delivery network. The principal functions include:

- eligibility determination
- scrip sales (if any)
- reservation-intake
- scheduling
- dispatching
- operations (service delivery)
- customer service
- reporting/invoicing

In addition there are minor design characteristics which further refine the brokerage design; for example:

- (1) who owns the vehicles?;
- (2) who owns the computer hardware and software?;
- (3) who owns the facilities?;
- (4) do service delivery contractors include public agency carriers?;
- (5) is there a multiple-carrier environment for any particular geographic area, service type/level, and/or consumer group?;
- (6) who performs vehicle maintenance?;
- (7) what level of service is provided (e.g. curb-to-curb, door-to-door, door-through-door)?.

The creation of several different types of brokerages and the design of each is a response to the local/regional environment and the identified needs.

Several broad models of coordination were reviewed by the T-PAC in order to develop one which best suits New Hampshire. These models are detailed in "Coordinating Transportation: Models of Cooperative Arrangements", prepared by EG&G Dynatrend and the Community Transportation Association of America for the US Dept. of Health and Human Services, and summarized below.

1. The Lead Agency Model

With this structure, one agency is responsible for providing transportation for several other agencies. Variations to this structure involve:

- (a) the lead agency as an existing provider of other services; and
- (b) the lead agency as responsible for only transportation services.

A lead agency is typically responsible for transportation related tasks such as administration, grants management, purchase of service contracts, scheduling, dispatching, operations, maintenance, and purchase of vehicles or other equipment. In addition, the lead agency may also be responsible for the transportation fleets of other agencies and may receive funding from these agencies.

The basic difference between a lead agency as a provider of other services and a lead agency as a provider of only transportation services arises primarily from the level of stability in the structure. A

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lead agency which provides other services is more stable as it provides a variety of services and administrative expenses can be shared. In addition, transportation services need to be provided for its other programs so it is more likely to continue providing those. In contrast, a lead agency which only provides transportation services is totally dependent upon funding from the participating agencies and therefore less stable.

Other issues arise over concerns that the lead agency providing other services will favor its own clients first, and that the transportation element will need to compete with other programs. If the lead agency is solely dedicated to transportation it may be more impartial and more focused. An important point for consideration in New Hampshire is the observation that a lead agency which provides a variety of services is particularly successful in rural areas whereas a transportation only lead agency requires a substantial volume of trips to be successful.

Example: York County Community Action Corporation, Maine. (YCCAC)

YCCAC has a broad mission to do all in its power to alleviate poverty and promote the self-sufficiency of the people within its service area. Coordination in York, Maine was assisted by a 1979 Maine act that established a framework for coordinating State and Federal transportation funds and providing for State planning assistance. Following this act, nine geographic regions were established by the Maine Department of Transportation, and one provider was designated for each region. The role of the provider was to formulate regional operational plans and to provide for maximum coordination of funds among State agencies sponsoring transportation.

YCCAC operates several different types of transportation services for the county: public fixed-route transit services, demand-response services for elderly persons, persons with disabilities, and low-income persons, subscription service for Medicaid-eligible persons, child protective cases, and elderly persons at risk of institutionalization.

YCCAC obtains funding from a variety of sources including Social Services Block Grants, Title III of the Older Americans Act, Medicaid, Vocational Rehabilitation, Head Start, Section 18 and Section 16(b)(2).

2. Brokerage Model

The brokerage model consolidates the overall management of the system but does not consolidate transportation services. The broker is responsible for:

- (a) registration information for eligible individuals;
- (b) contracting for transportation services;
- (c) agency billing and record keeping;
- (d) providing reimbursement to operators; and
- (e) providing quality assurance for the services.

A broker may also be responsible for reservations, scheduling, dispatching, maintenance, and insurance. Variations to the brokerage model include a pure broker which does not directly operate vehicles or a partial broker which directly operates some vehicles, as well as contracting to other providers. Similar to a transportation lead agency, a pure broker requires a substantial volume of trips to meet costs and so may not be appropriate for more rural areas. However, due to the competitive

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procurement of providers, a pure broker can provide cost-effective transportation, and is perceived as having less bias in assigning trips as the broker does not provide trips and is not directly linked to human services program. Similar to the lead agency providing a variety of services, the partial brokerage model tends to be particularly successful in rural areas where there are fewer providers and trip volume does not support administrative costs. However, a perceived conflict of interest exists with the partial broker as it may choose its own vehicles over a less expensive option.

Example: People for People (PFP), Yakima, Washington.

PFP is a nonprofit corporation which handles about 30 local, state, and federal contracts that provide employment and training, volunteer services, and other community services. PFP also provides transportation services and serves as a transportation broker.

Since 1982 PFP has provided transportation services to persons over 60 or persons with disabilities, using a fleet of specially equipped minibuses and vans. It became a broker for the Medical Assistance Administration (MAA) in 1989 and provides brokered services for nine counties. To accomplish this, PFP has developed liaisons with most social service organizations with an interest in transportation. It has specific contracts with all transportation systems in the service area. It has also developed a volunteer transportation network. For brokered trips, PFP determines who is the lowest cost and appropriate operator. As this is a rural area with few providers, no problems exist from having a broker who also provides transportation services.

3. The Administrative Agency Model (AAM)

With this model, a public agency is responsible for coordination and provision of transportation. Often, this agency is a regional transit authority with existing public transit responsibilities in the service area. The AAM can incorporate lead agency and brokerage models or it can provide all of the necessary functions to operate a coordinated system itself. When an Administrative Agency works with a lead agency to coordinate services, typically it contracts with the lead agency to provide everything except grant administration, capital responsibilities, and planning. When an Administrative Agency contracts with a broker, the administrative agency handles grants, planning and sometimes vehicle purchasing. This type of system does add a layer of management to the operation, however it tends to be more stable than the other models as funding is more accessible and it institutionalizes transportation as a public service. Since funding is more accessible, human service programs may reduce their financial support.

Example: Cape Cod Regional Transit Authority (CCRTA)

Transportation services were started on the Cape in early 1970 by the Area Agency on Aging, to serve elderly clients. Because AAA was not interested in offering direct services, it spun off a private non-profit transportation system, Call-a-Ride. Call-a-Ride undertook an effort to coordinate transportation for several programs on Cape Cod, including Medicaid, sheltered workshops, special education, and adult day care. At its height Call-a-Ride operated 30 vehicles.

The AAA and Call-a-Ride worked as part of the political process to create the CCRTA, which is able to receive state and federal subsidies and serve as a mechanism for allocating local funds. The CCRTA is prohibited by law from operating transportation and must contract with one or more operators. The CCRTA provides both general public transit services and contracted services. The

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CCRTA contracts with two transportation management companies, a private intercity bus operator, five councils on aging, and several private taxi companies.

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IV. Transit Planning Advisory Committee (T-PAC)

A. Mission, Goals, and Objectives

Along with reviewing coordination structures in other states and possible models for New Hampshire, T-PAC participants were asked to define their expectations and key issues relative to transportation coordination and provision. During these discussions, a Mission Statement for the planning study and for the coordination of services was developed. The Mission Statement reflects the overall vision of the T-PAC participants and articulates goals for the immediate future. It states:

Provide easy access to a ride for anyone who needs one; and continue meeting to discuss and resolve local and regional transit priorities and opportunities with a broad spectrum of participation.

Though meeting every transportation need imaginable is probably not realistically possible, the vision and T-PAC discussions demonstrate the desire to meet as many as are realistically possible through better communication and coordination of services. Through this process, data was collected on over 80 different organizations across the State. These organizations include State agencies, transportation providers, human service providers, advocacy groups, volunteer programs, and planning organizations. The data collected identified information about each organization's programs in terms of geographic area serviced and size of program. Additional data identified organizational goals, objectives, funding levels, clientele, program type, physical inventory levels, and key issues relative to transportation (Appendix E).

In defining key issues, many organizations identified several similar needs and objectives. Generally, the issues of affordability, availability, accessibility, liability and flexibility reflected the concerns of all the participants.

Specific concerns expressed by the organizations involved in T-PAC include the following:

Goals:

- handicapped accessibility;
- making the maximum use of state funds;
- ability to monitor service, quality control;
- having a variety of modes of transportation;
- communicating with clients, making sure their views are heard;
- transportation between regions;
- having transportation available to anyone for any need, not just state or federally eligible;

Objectives:

- keeping administration to a minimum;
- transportation during evening and weekend hours;
- reducing costs by joint purchase of vehicles;
- driver training;
- reducing vehicle insurance costs;

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Obstacles:

- inflexibility of fixed route providers;
- duplication of trips -- indicator that service delivery is not coordinated;
- rural driving is beyond subsidy levels;
- Medicaid reimbursement of \$0.25 does not meet service needs when paying a driver;
- lack of capital to expand existing services;
- lack of administration operating funds;
- volunteers have attachment to agencies and certain clientele. They may not want to provide a ride for others;
- public transportation is not appropriate for certain clients;
- difficulty in verifying rides taken;
- difficulty in sharing services when agencies have different requirements or clientele.

B. Human Services

The human service representatives involved in the T-PAC discussed seven (7) issues more specifically as key to successful coordination.

- (1) **Communication** between towns and organizations is critical to facilitating coordination of services. Some ideas generated to address this included having a "single point of entry" where a consumer of services could call, an 800 number perhaps, to find out what services are available locally or regionally. Full information of available services was identified as important at the State, regional and local level.
- (2) **Access and responsiveness** was identified as directly related to communication. This issue deals more with meeting client specific needs and communicating with those clients and riders rather than merely dispatching vehicles upon request. An option to address this need involved establishing a "helpline" at local libraries where clients/riders could find out information about the variety of available services.
- (3) **Money** was identified as a significant constraint in providing the level of service necessary to meet client needs. Additional funding sources should be identified to help address this issues.
- (4) **Geographic and service gaps** were identified as a major problem, especially in the rural areas of New Hampshire. Rural residents have a much more difficult time in accessing necessary services as there are not only geographic gaps in the services provided but also gaps in the types of services provided.
- (5) **Flexibility of ridership** was identified in terms of overcoming ridership eligibility criteria. Federal funding criteria dictates that certain segments of the population be serviced depending upon the type of funding received. This results in inefficient use of vehicles and inability to meet consumer needs.
- (6) **On-going consumer input and accountability** was identified as another very important component of any coordination in order to truly meet consumer needs. This issue may begin to be addressed by ensuring that consumers have a voice in determining how and what services are provided.
- (7) **Partnership of public and private entities/resources** was identified as important to reaching the goal of transportation coordination. As funding sources decrease and agencies are unable to entirely meet client needs, partnerships need to be built which will work address these issues.

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C. Transportation

The transportation representatives echoed many of the human service providers concerns in defining key issues. The group identified the following:

- (1) the 911 program being developed statewide could provide a basic framework for a State single point of entry in terms of defining the locations of available services;
- (2) the need to provide services which meet a wide range of client needs such as door to door, through the door, or curb to curb;
- (3) seeking alternative sources of funding in order to provide adequate services.

The concept of "transit as a service access system" permeated these discussions and demonstrated the overall understanding that this is about more than providing a ride. In addition, many specific areas for coordination such as driver training, joint purchasing, and standards and requirements for the utilization of vehicles were discussed.

D. Funding Agencies

The state agencies who presently fund transportation in New Hampshire are the Departments of Transportation and the NH Department of Health and Human Services, within which are several divisions funding different programs. The following list identifies which transportation related programs are funded by these two agencies, as well as other transportation funding sources:

Department of Transportation	--	Section 18 Public Transit Systems (non-urbanized) Section 16 Elderly/Disabled (Capital Grants)
Department of Health & Human Services		
Division of Human Services	--	Medicaid (Client Reimbursement) JOBS (Client Reimbursement)
Division of Mental Health		
Bureau of Developmental Services	--	Contracts with 12 non-profit Area Agencies; Area Agencies are funded to provide clients with a wide array of services; services are arranged by Case Managers.
Community Mental Health	--	Contracts with 10 Community Mental Health Centers and three specialized providers providing residential and community support services.
Division of Elderly & Adult Services	--	19 Contract providers (performance based contracts)
Division of Children, Youth and Families	--	Service providers reimbursed on a fee for service basis

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Federal Transit Administration	--	Section 3, Capital Grants for Buses and Bus Facilities
	--	Section 26, Planning and Research
US Dept of Health and Human Serv.	--	Title III, Grants for Supportive Services and Senior Centers State agencies on aging
	--	Title XX, Social Services Block Grants
	--	Community Services Block Grants
	--	Head Start - Community Action Program

While there are numerous non-governmental organizations which fund transportation services such as the United Way and Red Cross, governmental sources fund the bulk of transportation services and representatives from the State agencies have all expressed concern that funding levels will be decreasing in the future. This fact alone necessitates not only working towards greater efficiencies in the provision of services but also seeking out alternative sources of funding. Appendix E also contains a summary of transportation budget information.

E. Capabilities

The organizations from which data was collected represent all areas of the State. Numerous gaps do exist however, in the extent of services provided across the State. There are a substantial number of programs, often comprised largely of volunteer services, who were not involved in these discussions. At the same time, simply because a town is identified as included in a providers service area does not mean that all potential clients in the town are receiving necessary services.

The maps, Figures 1 - 10, provide us with an overall picture of what general types of services are being provided and where. From this broad picture, areas can be targeted for expanding services and enhancing coordination. Maps are defined along county boundaries to provide a consistent framework from which to view all types of transportation services provided, as well as to coincide with the designated regional definition. Transportation services are delineated under four categories (Elderly/Disabled, Mental Health, General Public/Combination, Other/Special Needs) according to client group served, in an attempt to simplify the available information and identify obvious gaps. The numbers and arrows on the maps indicate service areas when services are not provided county-wide.

Many organizations provide limited fixed-route or demand-response services in their area. This data was not complete enough to show visually but the data summary table in Appendix E does identify service types of many different organizations. A majority of the organizations from which data was collected service elderly and disabled individuals. While this is essential, there is an expressed need for services which do not have eligibility restrictions and can provide for a multitude of client needs.

F. Barriers

There have been several meetings with representatives of both Federal agencies with an interest in this project, US DOT and US DHHS, and they have both expressed an interest in reducing any barriers which are identified. The most substantial barriers which were identified during T-PAC discussions include:

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- (1) funding;
- (2) client eligibility restrictions;
- (3) liability;
- (4) cost allocation; and
- (5) communication.

1. Funding

In FY 1995, the Federal Transit Administration appropriated \$4.5 billion. Of this, 46% was formula assistance to large urban areas, 31% was capital assistance for rail, 7% was capital assistance for bus projects, 1% was capital assistance for elderly and disabled, 3% was formula assistance to rural areas, 5% was formula assistance to small urban areas, and 7% was appropriated under "other". In FY 1995, the US Department of Health and Human Services expended \$582.4 billion, \$1.3 billion or 0.2% of which was dedicated to transportation. Appendix F contains information about the primary existing Federal transportation funding programs.

A study by the Community Transportation Association of America showed that in 1994, New Hampshire received \$0.49 in Federal Transit funding for every dollar in federal fuel taxes contributed to the Mass Transit Account. Overall, 27 states receive more money for transit than they contribute, whereas 23 receive less. In addition, Federal Transit expenditures averaged \$1.94 per capita in rural areas during FY 1995, compared to \$9.23 per capita in small urban areas and \$13.01 per capita in medium urban areas. Further studies by the Community Transportation Association of America showed that rural areas rely more heavily on Federal Transit operating assistance than do urban areas, 24% compared to a range of 20% down to 4% depending upon the size of the urban area.

These statistics do not bode well for Federal funding of transportation services in New Hampshire, further supporting the need to not only investigate alternative sources of funding but also develop more cost effective systems. In March of 1995, the Community Transportation Association of America identified 99 federal programs that could be used to finance transportation activities. Presently in draft form, this listing will be expanded with descriptions and contact information during the summer of 1995 (Appendix F).

Present funding sources, such as the NHDOT funds for transportation services and NHDHHS funds available from the various human services programs will constitute the basic funding for a coordinated program. Acquiring additional funds to develop demonstration projects and cover start-up costs will greatly enhance the ability to develop a coordinated system. This project includes the development of an application for such funding.

2. Client Eligibility

This seems to be one of the biggest problems facing service providers, especially in rural areas. Many federal funding programs restrict the type of person who can receive service. In rural areas this proves to be very expensive as vehicles travel around with only one rider. Through T-PAC discussions, State agency representatives noted that as long as the primary use of the vehicle coincides with the funding requirements, the vehicle can be used to service other members of the population. Extending this flexibility to all programs in the State would go a long way towards expanding services and meeting client needs. However, additional efforts need to be made by Federal and State representatives to break down these kinds of barriers which inhibit efficient service provision.

3. Liability

A vast number of volunteers are used by organizations in New Hampshire providing transportation services. The Carroll County RSVP program alone provided 500 trips last year and the Seacoast RSVP program provided 4,193 rides. Volunteers can save organizations a substantial amount of money and enable services to be offered to a larger segment of the population, especially in rural areas. In a report by the Community Transportation Association of America, the annual cost of a paid driver and purchased vehicle was estimated at \$22,500, whereas the annual cost associated with a volunteer driver in his/her own vehicle was \$3,690.

Inevitably, liability is an issue when transporting anyone. NH RSA 508:17 provides immunity from liability for volunteers of non profit agencies, with exceptions. This immunity does not apply to care of the organization's premises or transportation related activities. The liability of the agency is limited to \$250,000 per person, \$1,000,000 per incident or occurrence. This immunity does not prevent a suit from being filed against either the volunteer or the agency.

Insurance is a relatively inexpensive way for agencies to provide protection for volunteers and the agency by having the appropriate policies in place. The benefits to both the agency and volunteer are enormous.

By way of indemnification, insurance restores those who suffer financial losses to the financial position they held immediately prior to the loss. In exchange for premium payments, the insurer agrees to pay all losses covered, as well as provide other services as indicated in the contract. The insurers primary role is to provide the insured protection against financial loss. By providing this protection the insurer also protects their investment. Loss is defined as a reduction in value of an asset and the financial consequences of the reduction in value of that asset.

Basically, there are two types of claims generated by an agency's use of volunteers. Those where harm is caused by a volunteer and injuries to a volunteer.

General liability, automobile liability and workers compensation are examples of insurance policies that will provide defense coverage to an insured agency when a claim of negligence is brought against the agency by a third party.

The defense coverage provided to your agency under the general automobile and employers liability section of the workers compensation liability contracts can relieve a tremendous financial burden in the event of a suit. Defense is provided even if the allegations are groundless, false or fraudulent. If you are found to be responsible, the insurance company may settle or pay on your behalf up to your insurance limit.

Including volunteers as additional insured under your agency's liability policies will provide protection for them in the event a suit claiming negligence names the volunteer individually. In the alternative, special volunteer liability insurance policies are also available.

General liability policies are designed basically to protect the agency, its employees and volunteers (if added as additional insured) against claims or suits alleging negligence resulting from their operations or suffered as a result of a negligent situation occurring at their insured premises.

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Primary automobile liability insurance policies will defend the agency, its employees, volunteers and others named as additional insured in the event of a third party claim or suit for injuries or damages alleging negligent operation of a vehicle owned by the agency.

Many different persons or entities may be included as insured or "additional insured" under a liability policy. The basic policy includes the organization, its employees and directors and officers, while acting within the scope of their duties as insured. You may also request that your policy include volunteers. There should be no additional cost to the agency to have the insurance company add volunteers as "additional insured".

Excess automobile liability responds to claims/suits alleging injury or damage to a third party while a volunteer or employee is on agency business, but driving their own vehicle. The volunteer or employee's auto liability limits respond first, with the agency's Excess Non-owned & Hired Automobile Liability policy providing coverage over and above the employee or volunteer's auto liability limits. This coverage will also defend the corporation against claims or suits alleging negligence.

Workers Compensation benefits may be provided to an injured volunteer in certain cases. Agencies may choose to pay a premium to cover them under their Workers Compensation policy. This premium will be based on the cost of a comparable paid staff position. If it is decided not to handle volunteer injuries in this manner, the Department of Labor has indicated that they will review and rule on each case brought to them on an individual basis to determine whether or not it is a compensable injury under Workers Compensation.

The Department of Labor has in the past been of the opinion that a volunteer who provides a social service which benefits the community and who receives no compensation for that service is not generally covered under workers compensation.

When a volunteer receives compensation or provides a service which benefits the employer; such as holding a position that would normally be held by a paid employee, the volunteer may be eligible for workers compensation benefits. Discuss this with the Department of Labor before accepting a volunteer, as it is a gray area that needs a ruling.

Volunteer accident insurance as well as accidental death and dismemberment coverage is available as an alternative to the disability benefits provided under a workers compensation policy. These policies provide broad accident medical protection to the volunteer with low deductibles. Premiums for these coverages are very affordable in comparison to the cost of workers compensation.

Although insurance transfers some risk from the agency, it is imperative that risk management practices be established and enforced. Should a lawsuit be brought against the agency and/or a volunteer, the court asks if everything reasonable and practical was done to avoid the situation. A good practice is to look at volunteers and employees in a similar way during the application, interview, placement, and performance appraisal processes.

Service with the agency must be contingent upon the agency's receipt of acceptable driving records, background checks where applicable, and if a personal vehicle will be used, a current personal auto policy with minimum limits required by the agency, a current state inspection sticker, and current state registration.

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Motor vehicle records may be obtained without permission of the driver by completing form DSMV 273, available at substations of the Division of Motor Vehicles, and submitting it to the NH Department of Safety, Driving Records Section, Concord, NH 03305. There is a \$7.00 fee, \$10.00 for a certified copy.

Criminal background checks are not generally made available, however, NH RSA 106B:14 allows any individual, public or private institution to get information on criminal convictions if they have explicit permission of the person, including a notarized signature giving this permission. Information is available from: NH Department of Safety, Division of State Police, Central Repository for Criminal Records, 10 Hazen Drive, Concord, NH 03305. NH RSA 632A:11:19 requires convicted sexual offenders to register with the police in the town in which they live. This is not public information, but would be included in the criminal background check. There is a fee for criminal background checks.

Volunteer Service Descriptions (formerly called job descriptions) are a way to define what the volunteer does and does not do under the auspices of the agency. Include the following key components in the description:

- (1) **Term of Appointment:** This identifies the time period for which the volunteer is serving the agency. Do not leave it open ended. If the volunteer is to continue past the established date, extend the date in writing.
- (2) **Limits of Responsibility:** This identifies what the volunteer will do. Be clear about what can and can't be done, for example, a volunteer may assist a person into the home, but is not allowed to do chores for the client or to stay for a meal.
- (3) **Details of Specific Duties/Tasks:** It is important to write specific procedures for some volunteer service positions to clarify what "driving means. Does it mean just driving, or does it include assisting passengers in and out of the vehicle, assisting them to the door, carrying their packages, etc.
- (4) **Lines of Accountability:** It is important for the drivers to know to whom they report and from whom they take direction. If a volunteer acts on directions from a person who has no authorization and an accident occurs, it becomes complex in terms of insurance and legal issues.
- (5) **Qualifications Needed:** These should be clear and enforced. Accepting a volunteer because a body is needed is high risk and should be avoided. Explaining this policy to a well meaning, but unqualified individual makes it easier to turn down this applicant.
- (6) **Unique Aspects of the Job:** Put the requirements of licenses, background checks, insurance, etc. in this section.
- (7) **Signatures of the appropriate agency staff and the driver, dated, should be required.**

Volunteer Service Descriptions may have other components. The ones addressed above are critical to risk management.

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Record keeping provides the documentation needed to support the agency when a lawsuit or insurance claim is filed. Keep a file on each driver and each vehicle. document training and performance records. Make copies of volunteer service descriptions, drivers' licenses, insurance policies, registrations, etc. Do not leave anything to chance or to memory. When staff leave the agency, the information needs to be left behind.

Training, both initial and on-going, will improve driving skills and reduce the risk to the agency, the volunteers, and the clients. Document that drivers have had training and practice in the operation of the vehicle they will be using and other necessary skills. Training in safety, first aid, and procedures for handling emergencies is important. Drivers must know what to do when the worst happens. Record their understanding and acceptance of policies and procedures. Courses for older drivers are available as are defensive driving courses, so all the training need not be done by the agency.

If the driver is going to use special equipment, such as wheelchair lifts, be sure that training is provided along with printed instructions for future reference. The same is true for appropriate methods to assist those with other disabilities.

Incentives for drivers with the best safety records serve different purposes; fewer or no accidents will translate to stable, and in some cases, lower insurance premiums. Volunteers and employees will gain a sense of pride and their morale will be boosted by the results of this process.

Vehicle maintenance policies and procedures are an important part of your risk management program. These should be applied consistently to both agency owned and volunteer owned vehicles. In addition to the harm that may come to people, mechanical defects and poorly maintained vehicles can only hurt the agency in the end.

It is possible to have a successful transportation program. Careful planning and attention to details will make it work. There are resources available to help you. Appendix G contains more information on liability issues and resources.

A window of opportunity exists now, through T-PAC's work, to introduce legislation which would provide immunity from liability for transportation related volunteers. A group such as T-PAC really needs to spearhead this effort if it is to succeed.

4. Cost Allocation

The lack of a clear delineation of transportation related costs was discussed throughout the study as a substantial barrier to coordination. Transportation costs are intrinsic in many human service agencies budgets and therefore difficult to separate out. However, accounting for transportation costs separately would enable organizations to determine which services and resources are able to be coordinated and which are too specialized to be coordinated.

The Carroll County Transportation Alliance (CCTA) determined that when working with Carroll County Mental Health, about 6% of the expenditures were able to be coordinated because the remaining services are too specialized and variable. The Gibson Center, a member of the CCTA, has clearly allocated all transportation related costs thus enabling the Center to evaluate the level of services provided through coordination. The Gibson Center determined that as a result of coordination, 4000 more rides were provided in 10 months with the same level of funding (Appendix

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E). Evaluation of this kind, essential to an efficient system, will not be possible unless organizations begin to specifically categorize and allocate transportation related costs.

5. Communication

Communication is essential. Communication needs to exist at the highest levels of the agencies, right through to the local organizations talking with one another. Even more importantly, it needs to be understood by all that the goal is to provide "client appropriate" transportation services. As this is the goal of all, each organization, whether transportation only or human services only or some combination, should be communicating within their area to understand the spectrum of services available to clients.

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V. Coordination Options in New Hampshire

As discussed previously, the Transit Planning Advisory Committee (T-PAC) held several meetings between January and July of 1995. The meetings involved discussions of the whole array of issues related to the provision of transit services throughout New Hampshire. The discussions included consideration of alternative forms, structures and regional arrangements that a coordinated statewide system might take to provide a mechanism for coordinating resources and implementing a more responsive and efficient system. The following options were discussed during the T-PAC meetings.

A. Overall Structure of the Coordinated System

Background

The agreement in principle signed by the Commissioners of the NH Departments of Health and Human Services and Transportation proposes that... "A state coordinating advisory council representing both state agencies as well as transit and paratransit providers, planning agencies, policy makers, and consumers will oversee the implementation and operation of the coordinated system." Using the agreement in principle as a guide, T-PAC explored several ways in which the system might be designed to enable the granting and administering of transit related funds from both NHDHHS and NHDOT with such a single entity.

All of the options discussed consider several similar components. All incorporate:

- the two state agencies;
- a state coordinating council;
- regional transportation brokers or coordinating agencies; and
- local/regional coordinating councils.

The primary difference between each option discussed rests in the level and type of responsibility allocated to these components.

The State Coordinating Council is intended to have a statewide perspective. The variables are whether the state council will function in an advisory capacity, as a policy board, as an administrative entity, or in some combination thereof. Membership on the council is proposed to include state agencies, transit providers, human service providers, consumers, advocacy groups, and representatives of local/regional coordinating councils.

The State Coordinating Council will seek to:

- streamline procedures;
- reduce excessive paperwork and regulations;
- prepare consistent statewide criteria for funding;
- evaluate funding requests submitted by local councils;
- provide advice to NHDOT and NHDHHS related to policy development and resource allocation;
- make recommendations related to questions that might arise regarding funding or performance concerns, as required;
- prepare measurable objectives specifically in the area of cost/benefit analysis and program

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- outcomes;
- develop guidelines for the RFP process to select regional coordinators, (Appendix H); and
- develop standards and prerequisites for coordination at the regional level to ensure consistency statewide.

The local or (regional) councils are intended to function as the facilitating and coordinating organization with representation from local groups, agencies and clients providing or requiring transportation services. However, service providers cannot vote to award themselves contracts and resulting contracts will be time-limited. They should participate in discussions then abstain from voting when a conflict of interest exists. The structure of each regional coordinator is not specified. The local/regional councils will:

- (1) develop an RFP process, using SCC guidelines, to select the regional coordinator;
- (2) evaluate local transportation needs;
- (3) prepare a coordinated request for the necessary funds to meet those needs; and
- (4) provide a mechanism for the continued coordination of the program.

In addition, the organizational structure which evolves within each region will need to clearly identify how each of the following responsibilities will be handled:

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| a. Local/Regional Coordinating Council; | l. Insurance; |
| b. Administration; | m. Eligibility Determination; |
| c. Scheduling (and Brokering); | n. Reservation-Intake; |
| d. Dispatching; | o. Reporting/Invoicing; |
| e. Operations; | p. Service Monitoring; and |
| f. Grants Management; | q. Customer Service. |
| g. Purchase of Vehicles and Other Capital Equipment; | |
| h. Maintenance; | |
| i. Training; | |
| j. Cross Boundary Agreements; | |
| k. Joint Purchasing; | |

The regional coordinator will be responsible for providing transportation services to all groups requiring such services. The extent to which these services are coordinated will depend initially on the extent and timing of such coordination within each region. However, coordination be a condition of funding to ensure implementation.

B. Evaluation of Specific Structures

Specific mechanisms to implement coordination were discussed and evaluated by the T-PAC. These include the following:

1. Pooled funding - NHDOT Administration (Figure 11)

This option envisions the NH Department of Health and Human Services (NHDHHS) providing funding to the Department of Transportation (NHDOT) which would then be responsible for administering the program through contracts with regional brokers. The contracts would use both NHDOT and NHDHHS funds to support locally developed transit services program. Regional

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coordinators would provide transit services based on negotiated sub-contracts with local organizations. This option would involve developing a state coordinating council whose function is principally to propose policy. Local/Regional Councils would undertake the coordination role and also develop policy.

This structure shows NHDOT contracting directly with a regional organization which would be responsible for:

- bringing together the various interested parties at the local level;
- determining how the funds will be utilized within the region;
- submission of a consolidated regional application for funding; and
- overall administration of the consolidated grant.

This proposal received some support from the T-PAC relative to the uniqueness of the approach and likelihood of receiving demonstration funds but many members expressed concern about the possibility for losing the organizational-agency link and accountability which exists between NHDHHS and related programs.

2. Pooled Funding - NHDOT Administration through Single Broker (Figure 12)

This option adds an additional step and administrative layer to the process by having DOT provide funds to an organization such as the New Hampshire Transit Association, which would then be responsible for program administration under NHDOT's purview.

The remainder of the structure is similar to the previous option with regional brokers sub-contracting transit services with human service agencies and local/regional coordinating councils assuming the facilitation and coordination functions.

Although this proposal had some support, there was a real concern that the added agency would come between the funding agencies and the local user groups. T-PAC felt that the administrative advantage did not override the reluctance to pool funding.

Models 1 and 2 are further addressed in Appendix I containing the MultiSystems Report.

3. New Hampshire Transit Association Statewide Coordination Plan Adopted Proposal June 21, 1995 (Appendix J, Figure 13)

The NHTA met on June 21, 1995 to discuss the options reviewed by T-PAC and recommended the following model for the coordinated structure.

The NHTA model envisions the establishment of a State Coordinating Council by NHDHHS and NHDOT through which policy and fiscal matters would be approved and passed to an administrative agent. The administrative agent would serve to administer the approved policy and fiscal allocation within a mandate of maximizing statewide coordination and consolidation of total transportation resources. The administrative agent would provide the personnel resources currently not in existence within NHDOT or NHDHHS to manage and join the joint funding stream. Local Coordinating Councils would be established from which a coordinator would be selected based on an RFP process to lead or oversee the county coordination effort. The primary objective of the

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county coordinator would be to maintain existing regional human, vehicle, and fiscal transportation resources and enhance and expand the effective use of these resources through proven and cooperatively executed coordination and consolidation methods.

This model was not available for discussion and review by T-PAC,, although it was noted to have similarities to model #4.

*4. Coordinated NHDHHS and NHDOT funding with the State Coordinating Council (Figure 14)

This option evolved from the T-PAC discussions. It recognizes the need for accountability to the various sources of funds, but also addresses the need and value in developing a single point for the development, approval, and funding of a locally developed and submitted coordinated transit program. This model would establish a State Coordinating Council with responsibilities as identified on pages 20 and 21 and regional coordinating councils throughout the State to oversee coordination implementation within their specific regions. NHDOT and NHDHHS would each retain the authority to allocate funds to regional coordinators. The local/regional coordinating councils would address the allocation of responsibilities (a-k) identified under the background information and funding would be channeled directly to local users. The regional coordinating councils would be responsible for selecting a regional coordinator based on the RFP guidelines developed by the SCC.

This proposal received majority support from the T-PAC and was voted on as the recommended model. Further delineation of this model is included in the "Recommendations" section.

C. Definition of Regions

The Agreement in Principle suggests that the lead agency in each region be the local transit system or coordinated paratransit provider. It recognizes that the precise boundaries of each region will be determined during the implementation phase and goes on to suggest that the nine existing transit operators may form the core service areas.

During the process of determining geographic coverage both for human service programs and for transit system service areas, both were mapped on the Office of State Planning geographic information system. It became evident that the programmatic service areas in some instances overlapped extensively while in other instances there were extensive gaps in the service areas. Out of this review, the most logical and consistent geographic coverages appeared to lie along county boundaries.

Further discussion of other potential geographic areas such as regional planning boundaries, community action boundaries and the existing transit area boundaries did not provide any greater level of consistency statewide. In addition, an added benefit exists with the potential use of the county boundaries, as most of the Counties provide some level of financial support for the various human service programs. Human services budget requests are considered individually during the county budget process. It is anticipated that by coordinating these budget requests and showing that the resulting services are being provided in a more efficient and effective manner to county clients, the opportunity for continuing county funding would be enhanced.

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D. Options for Electronic Assistance in Coordination

There are numerous examples across the country and in New England of computer assisted and fully automated scheduling packages in urban and rural settings. These packages also have capabilities to handle such things as volunteer drivers, vendor reimbursement based on varied reimbursement structures and interfaces with Medicaid payment vendors. Some of these systems also have the capability of interfacing with more advanced technologies such as card readers, mobil data terminals and AVL systems. Scheduling and billing software is essential. To the extent that software does have the capability to interface with the newer technology, the better, however, it must be recognized that the more advanced technologies are not critical for start-up and have a higher price tag. Some examples of these systems follow.

In Santa Clara County, California, a public/private sector paratransit provider, OUTREACH, serves nearly 7,500 registered clients annually. These rides require careful planning and coordination of a wheelchair-accessible van fleet, several taxi companies, bus fleets, and the integration of a database of client information including special transportation needs. The service area is 65 miles from end to end and often several modes of transportation are required to meet client needs, as well as lower the overall cost of the trip. In addition, coordinating trips from one county to another requires the combined cooperation of the public transit authorities and private providers. Coordination requires detailed knowledge of the clients and services available. A dispatcher must be able to monitor and coordinate movements and times of all types of vehicles.

OUTREACH has developed a system which maintains:

- records of client name;
- identification number;
- address;
- map grid;
- disability; and
- special equipment needs.

An accounting system exists whereby client payments are credited to their individual accounts and deductions are made based on rides taken. Phone operators handle ride requests on-line by accessing the client data and account balance and entering ride destination, pick-up and appointment time information, (ride origin information is already in the database). The system estimates trip distance and cost. A staff person uses this data to manually build multiple rides wherever possible. Technological advances which will be incorporated into this system include:

- (1) Digital Geographic Database. This will provide accurate address and route information and precise mileage data;
- (2) Engineering Paratransit Software. This contains routing algorithms that accept paratransit variables and route daily ride patterns efficiently and cost-effectively. It can reduce a full day of route planning tasks down to minutes and optimize resource allocation; and
- (3) Automatic Vehicle Location Systems (AVL) technologies using the Global Positioning Systems (GPS) satellite network. This will track and monitor paratransit vehicles in real-time and facilitate schedule changes and demand-response service.

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Presently, OUTREACH is working toward tailoring these technologies to paratransit needs and testing them as an advanced paratransit system to be replicated in other communities. (McQuarrie and Gardella)

In Detroit, Michigan, the Suburban Mobility Authority for Regional Transportation (SMART) established an Intelligent Transportation System (ITS) for paratransit which matched reservation, scheduling, and dispatch software with Automatic Vehicle Location (AVL) technology. This combination enables SMART to provide cost-effective and efficient service to current paratransit riders, as well as maximum flexibility to plan for new service within the region. SMART offers subscription service, demand response, and as-soon-as-possible (ASAP) service within a 3000 square mile area. SMART is responsible for scheduling all subscription, demand response and ASAP trips.

With the installation of UMA software, SMART will be able to permit, under certain circumstances, either a client or an agency to book their own trip from a remote location without having to go through a SMART booking agent. The client would access the central database through a data telephone line and the essentials of the requested trip would be input. The system would indicate at the remote location, whether the trip was possible or not based upon already committed trips. If the client trip was not possible, alternate trip times would be proposed for the client's choice and approval. Interface between the paratransit and fixed-route service will be provided in an attempt to accommodate the client needs and provide alternate trip options. The scheduling procedure then may consist of a number of dependent "legs" which will need to be simultaneously considered in any future scheduling modifications. SMART will utilize Mobile Data Terminals to maintain communications between drivers and dispatchers. These on-board terminals permit rapid data communication between the vehicles and the dispatch center, and with the use of function keys, the operator interaction can be minimized. Each vehicle will also be equipped with a Global Positioning System receiver in order to automatically obtain and relay longitude and latitude positions to the dispatcher. (Lister, Schwieger, and Keaveny)

These systems represent some of the latest innovations in technologies for transit coordination. Although cost may be a prohibitive factor, the potential of these systems needs to be considered in evaluating all of the options for coordination in New Hampshire. Further, there are software programs available which are relatively inexpensive. One such program provides electronic integration with NH EDS Medicaid billing, flexibility in driver scheduling, comprehensive revenue reporting, and preparation for downloading into other accounting packages.

The Community Transportation Assistance Project has developed an electronic bulletin board (TAP-IN) which provides access to the National Transit Resource Center. This bulletin board enables access to information and resources such as; legislative and regulatory announcements and status reports; transit news including an industry calendar, updates on accessibility issues and coordination activities around the country, and new funding sources available to human services and community transportation providers; and lists of resources available through the Resource Center including abstracts of over 15,000 publications and articles, training materials, manufacturers and industry suppliers, program information and key contacts. The electronic bulletin board number (TAP-IN) is (202) 628-2537.

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VI. Recommendations and Implementation Steps

Based upon the Transit Planning Advisory Committee discussions, several specific recommendations and implementation strategies were developed.

R:1. Structure of Coordinated System (Figure 14):

Create a State Coordinating Council, representing a broad spectrum of interests as nominated by T-PAC, which develops policies, defines attributes and establishes guidelines for coordinated transportation services, administers and manages the coordinated system statewide, and makes recommendations relative to policy and resource allocation to DOT and NHDHHS. NHDOT and NHDHHS each retain the authority to allocate funds to regional coordinators who subcontract within their region to provide coordinated services with the caveat that service providers cannot vote to award themselves contracts..

I:1a. Nominate the State Coordinating Council.

The Transit Planning Advisory Committee (T-PAC) should meet to discuss the size and composition of the SCC and nominate at least two people for each position. This list should then be submitted to the Commissioners of Transportation and the NH Department of Health and Human Services for appointment

I:1b. Guidelines for establishment of Regional Coordinating Councils.

The T-PAC should meet to develop an outline of the required steps for implementation of the Regional Coordinating Councils. Once the SCC is formed, the guidelines can be passed on for SCC oversight of the RCC formation. The outline should include recommendations regarding composition and duties, as well as a timetable for council formation and selection of the Regional Coordinator.

I:1c. Create the recommended structure via a Memorandum of Agreement between NHDOT and NHDHHS.

Recommended Memorandum of Agreement:

A key recommendation relating to the structure of the proposed statewide transit system is the creation of a representative State Coordinating Council (SCC). It is recommended that the SCC be established by a Memorandum of Agreement (MOA) between the Commissioner of the NH Department of Health and Human Services and the Commissioner of Transportation. The MOA would initiate the process of implementing the recommendations of the planning study and would provide guidance to the Regional Coordinating Councils as they organize and/or move ahead with their coordination efforts. Membership may be guided by the array of stakeholders, as identified in Appendix K or as identified in the draft MOA contained in Appendix L.

R:2. Pursue funding for pilot projects and system start-up costs. Through its contract with the Office of State Planning, MultiSystems, Inc. has written a preliminary grant application to pursue \$500,000 - \$700,000 in start-up funds. These funds will support \$80,000 -

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\$100,000 for start-up costs for SCC administration and \$50,000 - \$75,000 per "region" (6-10 "regions") for staffing and start-up costs associated with coordination.

I:2. Potential pilot projects which could be developed based on known problem areas include the following:

It is anticipated that once the system is implemented, NHDOT and NHDHHS could modify the way in which programs are carried out in order to provide continual administrative support. Coordination should be a required as a condition of continued funding in order to ensure cooperation and wider coordination. The State will not be able to mandate to local groups a uniform statewide system but can specify standards and criteria which must be met. Pilot projects can help ensure strong community support through the design of services and systems which meet local conditions, as well as establishing a baseline against which progress can be measured. Coordination must provide at least the same level of services and access to services currently available and according to Medicaid regulations, pilot projects cannot alter service delivery in one pilot area unless a waiver has been granted. As the waiver process is very complicated and time-consuming, pilot projects will have to maintain consistent service statewide.

Recommended Types of Pilots:

It is proposed that a start-up grant be developed for each of the regional coordinating councils. These grants would be designed as pilot projects which would focus on the most significant problem or characteristic of each regional council. The objective would be to test at least one aspect of transit coordination with the result being a solution which is easily transferrable to other similarly situated regions. The types of possible projects are listed below:

1. The use and testing of computer dispatch software in urban and rural settings;
2. Development of and field testing communication networks in at least two sparsely populated rural area located in mountainous terrain;
3. Design and implementing an electronic fare system for an urban and a rural area. The long term objective would be to bring the fare system to the full potential ridership, whether assisted or not assisted;
4. Design a state system to coordinate and integrate the use of transit funds based on a comprehensive application which crosses program boundaries, and implement the system with at least one of the local coordination councils;
5. Design and implement a budget/billing process which provides detailed information regarding the specific costs that can be attributed to the provision of transportation services;
6. Design and implement a statewide 1-800 telephone number for use by persons to obtain local transit related information. This program might merely involve a message for residents of each county which would provide the local number to call for assistance, or could involve a manned phone service with shared costs. Resources may already exist with the DEAS "Help Line" and this step may merely require expansion and wider

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promotion of its availability.

- R:3. *Establish 6-10 regional structures.*** In general, 6-10 regional structures are anticipated based upon county boundaries, depending upon the level of bi- or tri-county cooperation. The county boundaries are identified as the starting point for the geographic structure, however it is expected that some areas will evolve around core service areas and may include whole and/or partial counties. Regardless, each regional structure should be consistent in terms of responsibilities of the RCC's and Coordinators. The RCC duties will generally include training, maintenance, purchasing, meeting customer needs, routing and scheduling. Consumers will be able to influence the way in which services are provided through participation on the RCC's which in turn make recommendations and submit proposals for funding to NHDOT and NHDHHS.
- R:4. *Implement over two-year time frame.*** Absent the ability or support for a grant submission, the organizational proposals will be designed to be implemented gradually over a period of two or more years with year one as a re-organizational year and year two as an implementation year.

Overview

Develop a Memorandum Of Agreement defining the system structure and the charge from the Commissioners to coordinating councils to proceed with project implementation. This will allow the State Coordinating Council to oversee the development of Regional Coordinating Councils to ensure statewide coverage (i.e. which regions will coordinate along county boundaries and which will coordinate along core service area), establish an RFP process for selecting Regional Coordinators and enable the RCC's to come together and determine who the Regional Coordinators will be, what type of coordination will exist in each region, and staffing needs. Initial staffing will be provided for in the start-up costs and may be done by a State agency, a non-profit, or some other management organization. The groups which must be represented include providers (transit and human services), advocacy/consumers, and State agencies. At the State level, the Regional Coordinating Councils should also be represented either through the area agency personnel or direct membership on the SCC.

- I:4a. *Regional Coordinating Councils determine structure within "region" and select Regional Coordinators.*** Each Regional Coordinating Council should meet and determine through the RFP process, which organization will be responsible for bringing together all interested parties and providing coordination, recognizing that providers responding to the RFP cannot vote on the selection of the Regional Coordinator. Identification of how the following responsibilities will be handled must be made:

- Staffing/Chair of Regional Coordinating Council
- Communication with SCC
- Determination of regional needs and customer base;
- Determination of regional transportation scheduling and routing;
- Determination of need for sub-contractors;
- Maintenance of regional training responsibilities;

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- Preparation of regional reports and billing;
- Evaluation mechanism of coordination - reporting of ridership and transportation costs to SCC
- Administration
- Dispatching
- Operations
- Grants Management
- Purchase of Vehicles and other capital equipment
- Vehicle Maintenance
- Cross boundary coordination based on SCC guidelines
- Patient confidentiality

Several of the most active potential brokerage candidates are already prepared to move ahead pending approval by local coordinating councils.

I:4b. *Develop 800 number for statewide information.* As discussed under the "Types of Pilots" section, the State Coordinating Council should set up an 800 number, either using the DEAS "Help Line" or a new number, which would provide information about available services in each "region" of the State and where a consumer can call to access services.

I:4c. *Determine dispatch mechanism for each region.* The Regional Coordinating Councils or Regional Coordinators when selected should determine radio needs and ensure that all organizations within the area can communicate with one another.

I:4d. *Implement regional systems across the State.* Once the regional structures have been determined and the Coordinating Councils are in place via the Memorandum of Agreement, the regional systems can begin operation.

I:4e. *Inventory public fixed route, public paratransit, and human service agency transportation in each region.* Each RCC should conduct a regional profile to (1) review the organizational structure of public transportation providers in the area and (2) develop a detailed description of: the fixed route services; ADA (and other public) paratransit, and human service agency transportation services. These descriptions should include:

- General Service Description:
 - Service area (and number of routes for fixed-route service)
 - Service days and hours
 - Service type/level (paratransit only)
 - Fare/donation structure
 - Rider eligibility and eligibility determination (paratransit only)
 - Reservation-intake and scheduling (paratransit only)
 - Dispatching (paratransit only)
- Vehicle Information:
 - Total fleet size and number of accessible vehicles
 - Peak pullout

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- Vehicle replacement (paratransit only)
- Vehicle maintenance, fueling, and storage
- Staff (Administration, Drivers, Maintenance Staff)
- Service and Cost Statistics
 - Unlinked (one way) passenger trips
 - Revenue hours and miles
 - Productivity (trips per mile for fixed-route service; trip per hour for paratransit)
 - Total costs and primary revenue sources
 - Unit costs (e.g., cost/trip, cost/rev. vehicle hour, cost/rev.vehicle mile)

This inventory will serve as a baseline for evaluation purposes, as well as input to the coordination design in each region. The SCC should establish the format of the inventory to ensure consistency statewide.

Appendix L also contains a list of implementation steps for the NHDOT, NHDHHS and the SCC to follow. Appendix M contains the Comment/Response Summary, generated following T-PAC review of the draft report, which was used to finalize the report.

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VII. Conclusion

The Transit Planning Advisory Committee showed tremendous commitment to developing a workable solution to an issue which has beleaguered human service and transportation service providers for decades. The recommended model reflects substantial discussion on crucial issues such as accountability, affordability, accessibility and flexibility. In creating a State Coordinating Council, accountability and consistency is ensured at the highest levels. In developing Regional Coordinating Councils along logical political and service boundaries with self-determined structures, flexibility, accountability, affordability, and accessibility will be assured.

The T-PAC also recognized and discussed the significant issue of liability for volunteers. It is crucial that T-PAC continue with their dedication to providing better and more efficient services to clients and work towards developing legislation which would protect transportation related volunteers. In addition, organizations utilizing volunteers must protect themselves and screen candidates just as would be done for a paid position.

The spirit of cooperation and communication which has evolved through this process is perhaps the most important accomplishment. In maintaining this, T-PAC participants will be substantially better positioned to realize many more accomplishments.

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APPENDIX A

"Ideas for New Hampshire", Memorandum of Agreement, Work Plan

BETTER GOVERNMENT COMPETITION
BOOK ONE
1994

Ideas for New Hampshire

1994 Winners

Better Government Competition

*The Josiah Bartlett Center for Public Policy
Concord, New Hampshire
1994*

Coordination of Human Services Transportation

Christopher Morgan

Summary

Public transportation in New Hampshire suffers from low ridership, fragmentation of services, and underfunding. Traditional fixed-route bus systems do not attract enough of those who have cars and can make a choice about their mode of travel. They do serve a sizable number of elderly, disabled, low-income, or younger people who may not have such a choice. A number of human services agencies also provide transportation to a particular group of clients eligible for their services. These systems are often unable to provide adequate service and are uncoordinated with similar services. This proposal seeks to combine funding for transit and human services transportation at the state level, and to create coordinated regional transportation systems that would meet all needs. State agencies and transportation and human services providers have been discussing implementing such a system, and have agreed to support a planning project to be carried out by the Office of State Planning. The planning study will make recommendations for implementing a system of coordinated transportation, to be considered by the appropriate state and local agencies. Whether or not it is put in place in New Hampshire, however, this system would provide a useful model for other states.

Problem

Many New Hampshire citizens are unable to transport themselves to work, shopping, medical appointments, or recreation because of age, disability, or income. The state's elderly population is disproportionately large and growing, especially in the older age range. People with disabilities — adults as well as children — are also often unable to provide their own transportation. There is also a significant population of working poor who cannot afford the expense of a private car, or of one car per adult family member.

Public transportation exists to varying extents in nine New Hampshire communities from Coos County to Nashua. Low ridership on traditional bus systems, combined with declining public financial support, has reduced these services to the point where they are unable to serve many of the groups

who need them. Schedules and geographic areas served are limited. Given these limited services, public transit systems have been unable to attract commuters who might boost ridership and financial resources. The result is that most people who own automobiles use them for virtually all their travel needs. Plentiful and free or inexpensive parking and cheap gasoline encourage automobile use.

Many human services programs provide funding for transportation in order to provide access to the basic program service. These include programs for medical care for low-income persons, services for the mentally ill or developmentally disabled, and programs offering medical, nutrition, and other services to senior citizens. In general, the transportation component is an adjunct to the principal purpose of providing a service to a targeted population. In some cases, this means that transportation may be provided by staff whose training is in other areas. Efficient operation of the transportation system is not the main objective of the agency. Therefore, there is often little or no incentive on the part of agencies offering these services to work with other agencies to improve their transportation functions. Staff members who are distracted by day-to-day problems do not have the time to try to work with colleagues to undertake the painstaking and complex task of coordinating routes with one another. The result is that each agency generally has its own vehicles, and uses them only for its own clients.

One problem with this system of dedicated paratransit (paratransit is specialized transit using vans or other smaller vehicles that operates on a demand-response or door-to-door basis) is that some passengers may feel a stigma from riding on a "special" van that ordinary people do not use. This is especially true of people who are trying to remain or become integrated in society and live independently. Another effect is that vehicles — which represent an investment of up to \$40,000 — are underused. Given the nature of door-to-door trips, vehicles are rarely full.

Compounding the problem facing human services agencies as they attempt to fulfill their mandate to provide access to their programs is what they perceive as a chronic shortage of funds. With a problem in maintaining the basic services for which the agency was established, some may find

themselves hard-pressed to fund the adjunct transportation service. The lack of financial support for transportation services to elderly, disabled and low income people results in services that are fragmented and difficult to use. Services are often available only for a particular client group, or only on certain days of the week or hours of the day. The services aimed at the general public have long headways (time between buses) and are not convenient for those trying to get to an appointment or under other time constraint.

The combination of fragmented services and limited financial resources means that many people who cannot provide their own transportation, but are not clients of any agency or eligible for a program of assistance, often cannot find transportation. There are many areas where services are lacking — for example, smaller towns and regions between larger service areas — and special needs such as long-distance medical transportation. There are many people who do not need expensive scheduled transportation but could benefit from a cost-effective network of vehicles and drivers working for expense money to meet occasional needs.

The fragmentation of services is not a new problem, but as the demand for transportation to serve those who wish to live independently despite age or disability grows, the need becomes more apparent for a way to make existing funds go further.

This nationwide problem is well recognized by those in the field of transportation and human services. A federal handbook describes a solution in general terms:

Coordination is a process through which representatives of different agencies and client groups work together to achieve any one or all of the following goals: more cost-effective service delivery; increased capacity to serve unmet needs; improved quality of service; and services which are more easily understood and accessed by riders. ("Coordination of Community Transportation Services," 1989)

Many human services agency executives have said they would be only too happy to have someone else provide transportation services for their agencies under contract, but in practice this rarely occurs. In New Hampshire, representatives of transportation and human services agencies at the state and local level have been meeting for over a year in an attempt to design a system in which paratransit could be coordinated at the state level. Committee members explored the details of the various funding programs and the issues that local transportation and human services providers face in trying to deliver services. This proposal repre-

sents an attempt to develop a solution for New Hampshire that could be applied to other states.

Proposed Reform

There is no simple solution to the overall transportation dilemma, and this proposal does not pretend to solve such a complex problem. Rather, it attempts by an innovation in the way public support for transit is administered to achieve greater efficiencies and better service. The committee working on this problem realized that it would not be able to generate more money for transportation or work out specific solutions in each region struggling with fragmented transportation services. The focus of the meetings has been to use the "funding stream" to arrive at the objective of coordination. Rather than try to redesign federal or state programs, or set up new regional structures, it was felt that coordinating funds that pay for transportation will enable the services to be delivered in a more rational way.

Before reaching this conclusion, the coordinating committee considered options from other states. In some, paratransit services are coordinated with public transit services — the transit system provides the door-to-door service required by agency clients. Often, local human services agencies work together to consolidate their transportation programs — usually as a result of a mandate or encouragement from their state-level funding sources. Many states have coordinating councils at the state level that review transportation funding choices made by human services and transportation departments. The concept of coordination in some form has long been a goal of the federal agencies that fund transportation; they have a coordinating council at the federal level, and they have been urging states to adopt formal coordination systems.

After reviewing these options, New Hampshire's coordinating committee decided to concentrate on changing the method of disbursing funds for transportation from the state to local providers of services. The reform proposed here would centralize the administration of these funds in the state's transportation agency and eliminate multiple contracts for transportation to a large number of local providers.

Transportation funding would be coordinated through an interagency agreement between the Department of Health and Human Services (DHHS) and Department of Transportation (DOT), and administered by DOT. A state coordinating council representing both state agencies as well as transit and paratransit providers, planning agen-

cies, policymakers and consumers would oversee the implementation and operation of the coordinated system. The DOT in turn would enter into regional contracts for services under the various transportation programs combining the DOT and DHHS funds.

The lead contracting agency in each region would be the local transit system or, if one exists, a coordinated paratransit provider (in Manchester, a coordinated specialized transportation provider has existed for many years and could be the logical lead agency). By mutual agreement a transit system could designate a paratransit provider as lead agency or as broker for the local coordinated system. The precise boundaries of each region would be determined during the implementation phase of this project. With nine existing transit operators (Manchester, Nashua, Seacoast, Concord, Lebanon-Hanover, Claremont, Berlin, Keene, Laconia), the boundaries would develop from core service areas outward into "gaps" between regions.

At the regional level, the contractors (transit systems) would enter into agreements with local human services agencies requiring transportation services. The transit systems would establish regional coordinating committees to include human services agencies, transit and paratransit providers, regional planning commissions, local officials, and consumers. These committees would oversee the coordinated system and work out agreements on services among the various agencies involved. The service options could range from the transit system providing all service — fixed-route, door-to-door, volunteer, and other — directly, to subcontracting all paratransit service to human services agencies or other providers, or an intermediate step between these options. Where subcontracts are used, transit systems would act as brokers, issuing requests for proposals to private companies as well as human services agencies, to select the most efficient and economical mode available. In a brokerage, the main contractor would be responsible for:

- Determining eligibility of riders for third-party billing
- Handling questions or complaints about service
- Arranging trips with various providers
- Reserving, scheduling, and dispatching trips
- Ensuring quality control through training, preventive maintenance, enforcement of policies and procedures, and monitoring
- Billing, reporting, and other administrative tasks

The use of competitive bidding to procure services would introduce the private sector to the field

of paratransit, where it has had little involvement in New Hampshire. While some taxi operators are interested in providing wheelchair-accessible service, they are ineligible for direct federal grants. Yet few could afford the high cost of a specialized vehicle without some form of subsidy such as a third-party payment for eligible riders. As part of a regional system's provider network, however, a taxi company could improve its own specialized offerings and in doing so strengthen its business — thereby increasing available taxi service for everyone. It could also take advantage of training and other programs offered to those involved in the transit system's operations.

The coordination system could feature a role for a non-state entity such as the New Hampshire Transit Association (NHTA), which represents transit and some paratransit providers, to facilitate communication among transit and paratransit providers, other direct service providers, in implementing this system on a contract basis. The NHTA could provide billing, reporting, financial, bookkeeping, computer or other technical services and assistance with volunteer recruitment, training, or other services to transit systems. The new system would also feature a standardized method of determining costs. It would include DHHS-funded transportation programs and transportation programs not funded through DHHS, such as Head Start and Vocational Rehabilitation.

Obstacles

During the implementation of this program, the DHHS and DOT would work to eliminate barriers to coordination at the Federal or state level, and would seek to streamline procedures as much as possible to eliminate burdensome paperwork or regulations. There are many obstacles to implementing such a significant change. For a local transit system to expand its operations from a fixed-route, scheduled service to one catering to many individual needs will require resources for startup and administration. Even an inexpensive volunteer system requires a significant commitment to recruitment, training, and scheduling a corps of volunteers. Transportation programs designed to provide direct services may have limited administrative budgets. Transit systems may be concerned that state agencies wish to "unload" federally mandated services without the funding to support them — funding that may not be forthcoming from the federal government.

Another obstacle to coordinating transportation programs is the need to fully account for costs of delivering the transportation service. A mental health agency that uses a caseworker to drive its

van may count only fuel, insurance, and maintenance as transportation costs, while the new contract provider will use a professional, trained driver. In order to evaluate competing proposals to provide service, a regional contractor needs to be able to compare fully allocated costs for each potential provider. One important barrier to coordination is the existence of confusing or conflicting eligibility requirements for human services programs. Finally, there are "turf" conflicts over control or ownership of programs at the local level, which may involve legitimate concerns about whether a unified transportation service can meet the specialized needs of each population.

Implementation

The state agencies involved in this effort would participate actively on the coordination council at the state level. They would make necessary changes to administrative rules. A formal memorandum between DHHS and DOT would spell out administrative details and program requirements for DHHS, DOT, and local recipients. State agencies would retain the legal responsibility for their respective Federal programs; they would also be responsible for obtaining any Federal approvals needed to implement this project.

The implementation of this program has begun, with a planning project to be conducted by the Office of State Planning (OSP). The OSP will determine: a) the needs of the agencies that fund transportation, b) the capabilities of the providers, and c) the model for coordination best suited to New Hampshire. The planning project will develop a detailed plan for actual implementation of a coordinated system through revised contracts, legislation, executive order, or other mechanisms.

The OSP will evaluate information on other state-level coordination systems and the range of coordination alternatives, and data on DHHS transportation funding and needs. The OSP will then estimate the costs of implementing a coordinated system and recommend possible funding sources such as a demonstration grant for startup costs or innovative technologies.

The planning project will also determine the needs for oversight of a coordinated contract involving funding from a variety of sources, what the staffing needs for oversight are, and how to meet those needs. It will summarize state-level barriers to coordination and required legal or administrative steps to implement the system (e.g. competitive bid for contractors or brokers). The final product will be a framework for a coordinated system, together with required documents and options for phased or regional pilot implementation.

Results and Replication

There has been a great deal of activity, study, and discussion on coordination of transportation services *around the country*. Many states have implemented coordination programs in varying forms — state coordinating councils, formal agreements between state agencies, or other mandate to examine transportation funding to local agencies. In some states, regional coordination has been implemented. All of these options have limitations, however. Coordination limited to one program lacks the support from all funding sources that may be needed to make a system work in rural areas. Voluntary regional programs rely heavily on good faith overcoming turf issues and other obstacles.

A recent survey of state DOTs revealed that while many have coordination in some form in place, none has a system of integrated funding at the state level. While state agencies may work together on achieving coordination with their respective programs, they still administer the programs separately at the state level.

It is worth noting that while the system proposed here may appear a common-sense solution to the issue of underfunded and fragmented services, there is apparently no other state where a similar system has been implemented.

This project is a logical next step beyond coordination efforts already undertaken — and will address their limitations. For example, Vermont's Medicaid transportation program is operated under contract between the state Medicaid office and the Vermont Public Transportation Association (VPTA), which in turn contracts with regional providers, or brokers. These local systems meet the Medicaid mandate of providing access to medical services by arranging volunteer trips or using available public transportation resources. Other state Medicaid programs accomplish a similar level of coordination through contracts between the state agency and local transit systems. A statewide contract offers the benefit of reducing the administrative load of separate regional contracts on state agencies.

With a coordinated system of funding paratransit in place, New Hampshire citizens would enjoy improved access to transportation and other services throughout the state. A coordinated system would be more visible and more easily accessible to anyone. Instead of services aimed at various groups scattered around a region, any potential rider would be able to call a single number and find a ride, whether it be on a transit bus, paratransit van, or taxi, or in a volunteer's private car. This system should provide more rides and a better quality of service even if overall funding remains level. There are concerns about the ade-

quacy of transportation associated with a number of human services programs, and the new system should meet many of these concerns.

This innovative project will improve a government-supported service that has well-known shortcomings. It should result in more transportation money being spent on transportation and not bureaucracy. Both DOT and DHHS have discussed this project with local agencies and have committed substantial staff time to pursuing it. The OSP is prepared to begin the planning project. If successful, the program could serve as a model for other states, and could attract additional federal funds as a demonstration program. New Hampshire needs to improve its transportation offerings, and this proposal presents an exciting approach to this problem.

The programs involved in transit and paratransit vary little from state to state; their federal funding sources are the same, and they face the same regulatory and operational climate. There is no reason to believe that this proposal, if successful in New Hampshire, could not be replicated in other states. It will offer departments of transportation and human services a way to make their services more efficient and effective, and accessible to a broader population.

It should be noted that this proposal represents the work not solely of the author or the Department of Transportation, but the product of extended discussions among staff of the DOT, the Department of Health and Human Services, the Governor's office, federal agencies, transit and paratransit providers and others who have studied this issue for many months.

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About The Author

Christopher Morgan, former journalist, is Administrator of Railroad and Public Transportation, New Hampshire Department of Transportation. Mr. Morgan is a graduate of Pomona College and received a Masters of Public Administration from the University of New Hampshire.

FUNDING AND PERFORMANCE: PUBLIC TRANSIT - 1992

	MANCH. TRANSIT	COAST	NASHUA	HANOVER/ LEBANON	CLARE- MONT	BERLIN	CONCORD	TOTAL
FEDERAL	\$588,412	\$463,774	\$463,900	\$239,643	\$133,350	\$27,500	\$154,200	\$2,070,779
MUPL	1,367,100	93,600	463,900	75,000	18,750		70,050	2,088,400
OTHER	184,338	636,423		309,350	69,950	17,900	174,450	1,392,411
FARES	291,500	133,721	165,000	64,800	42,080	34,000	36,430	736,931
TOTAL	\$2,431,350	\$1,327,518	\$1,092,800	\$688,793	\$264,130	\$79,400	\$435,130	\$6,288,521
RIDERSHIP	587,116	495,875	400,003	143,241	18,507	6,478	75,915	1,727,135
VEH. MILES	543,446	614,274	508,160	368,777	96,951	31,118	125,793	2,288,519
VEH. HRS	44,843	29,653	37,697	23,552	6,511	2,872	10,697	155,825

Appendix 1

The table above provides information on New Hampshire's public transit services for fiscal year 1992. In that year, new services began in Claremont and Berlin. Since that time, new services have been established in Laconia and Keene. All of the services consist of a fixed-route system with a demand-response service available to those unable to use the fixed-route service (Berlin is solely a demand-response system).

Agreement in Principle

1. Statement of Purpose:

Transportation services for the general public including elderly, disabled, low-income and other dependent persons suffer from a lack of financial support. As a result, these services are often unavailable or are fragmented and difficult to use. In many states, paratransit services (specialized transit) are coordinated with public transit services to stretch scarce resources further; local human services agencies work together to consolidate transportation programs. This has long been a goal of the federal agencies, which have a coordinating council and which have been urging states to adopt formal coordination systems.

A committee representing DOT, DHHS, and transportation providers (public transit and paratransit) in New Hampshire has been meeting to discuss how these services might be improved through better coordination and more efficient use of resources. This committee has found that a) there is a demonstrable need for the coordination of specialized transportation in New Hampshire, and b) an innovative program such as is spelled out below might attract demonstration funding to meet startup costs -- while not creating additional bureaucracy or long-term costs.

Coordination can mean a range of measures from joint purchasing of insurance or maintenance services, to sharing of vehicles or trips for various groups of consumers, to consolidation of transportation services through a lead agency that provides services itself and/or brokers through other providers.

2. Alternatives:

There are several models for coordinating transit and paratransit services in use around the country. These include:

- a) State-level contracting with a single "broker" agency for funding for a program. Several states' Medicaid programs contract with a broker at the regional level, such as a regional transit authority, to handle Medicaid transportation. One state, Vermont, features a contract between the state Medicaid agency and the statewide association of transit systems (VPTA). The VPTA in turn has agreements with its members to "broker" Medicaid services in each region. The VPTA and the brokers agree to meet all eligible transportation needs in return for an agreed-on administrative fee and the actual cost of the trip. Trips are provided by bus, van, taxi, or volunteer drivers (the largest number in rural areas).
- b) A state-level coordinating council reviews transportation funding from state human services agencies to local providers and provides advice on coordination.
- c) State agencies funding transportation require recipients at the local level to coordinate with one another to varying extents as a condition for receiving funds.

3. Recommended coordination model

A. State Level

Transportation funding will be coordinated at the state level through an interagency agreement between the DHHS and the DOT, at a date to be determined during the implementation phase described below. A state coordinating advisory council representing both state agencies as well as

transit and paratransit providers, planning agencies, policymakers and consumers will oversee the implementation and operation of the coordinated system. The DOT will enter into contracts with regional transit systems for services under the various transportation programs, including service and reporting requirements, funding levels, and other issues.

The coordinated transportation system will feature a standardized method of determining costs of transportation for different programs, and standardized criteria for determining eligibility of clients for reimbursement and the form of reimbursement (standardized around the state within the requirements of each program).

The coordination system will feature a role for the New Hampshire Transit Association (NHTA) to facilitate communication among transit and paratransit providers, and other direct service providers, in implementing this system. The NHTA may provide, on a contract basis, billing, reporting, financial, bookkeeping, computer or other technical services and assistance with volunteer recruitment, training, or other services to transit systems. The exact role of the Association will be determined during the implementation study.

The coordinated system would include DHHS-funded transportation programs and, ultimately, transportation programs not funded through DHHS, such as Head Start and Vocational Rehabilitation.

B. Regional systems

The lead agency in each region will be the local transit system or coordinated paratransit provider (in Manchester, a coordinated specialized transportation provider has existed for many years and could be the logical lead agency). By mutual agreement a transit system may designate a paratransit provider as lead agency or as broker for the local coordinated system. The precise boundaries of each region will be determined during the implementation phase of this project. With nine existing transit operators (Manchester, Nashua, COAST, Concord, Lebanon-Hanover, Claremont, Berlin, Keene, Laconia), the boundaries will develop from core service areas outward into "gaps" between regions.

At the regional level, the funding recipients (transit systems) will enter into agreements with local human services agencies requiring transportation services. It will be up to local agencies with their coordinating committee to determine the extent of consolidation in their system. This may range from all service directly provided by the transit system to all service subcontracted to human services agencies or other providers, or an intermediate step between these options. Where subcontracts are used, requests for proposals will be used to select the most efficient and economical mode available. The transit system will establish coordinating committees whose membership will include: participating human services agencies, transit and paratransit providers, regional planning commissions, local officials and consumers. These committees will oversee the coordinated system and work out agreements among the various agencies involved.

4. State Agency Roles and Requirements

During the implementation of this program, the DHHS and DOT will work to eliminate barriers to coordination at the Federal or state level, and will seek to streamline procedures as much as possible to eliminate burdensome paperwork or regulations. One important barrier to coordination is the existence of confusing or conflicting eligibility requirements for human services programs.

The state agencies involved in this effort would be expected to participate actively on the coordination council at the state level. They would make necessary changes to administrative rules. A

formal Memorandum between DHHS and DOT would spell out administrative details and program requirements for DHHS, DOT, and local recipients. It is understood that state agencies would retain the legal responsibility for their respective Federal programs; they will also be responsible for obtaining any Federal approvals needed to implement this project.

5. Implementation

An implementation team/advisory committee will oversee a planning project to be funded by DOT (with DHHS matching funds) and coordinated by the Office of State Planning (OSP). The OSP, together with any subcontractor needed, will work closely with the DOT, DHHS and transit or paratransit providers to determine a) the needs of the agencies that fund transportation, b) the capabilities of the providers (and their statewide association, the New Hampshire Transit Association), and c) the model for coordination that would be best suited to New Hampshire. The final product will be actual implementation of a coordinated system through revised contracts, legislation, executive order, or other mechanism. The specific tasks of this study will be:

Meet throughout the project with staff of DHHS, DOT, transportation providers and other interested parties to collect information and refine recommendations and findings.

Evaluate information on other state-level coordination systems and the range of coordination alternatives, and what would be required to implement them in New Hampshire.

Examine data on DHHS transportation funding and need -- by program and region -- and including funding shortfalls or unmet needs.

Estimate costs of implementing a coordinated system, such as startup costs in individual regions. Recommend possible funding sources such as a demonstration grant for startup costs or innovative technologies. Evaluate system's cost-effectiveness.

Determine the needs for oversight of a coordinated contract involving funding from a variety of sources, what the staffing needs for oversight are, and how to meet those needs.

Summarize state-level barriers to coordination, and required legal or administrative steps to implement the system (e.g. competitive bid for brokers, etc.)

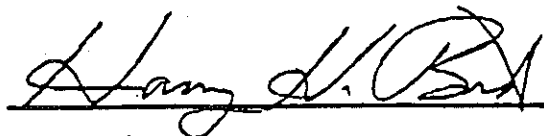
Produce a recommendation for a coordinated system, together with required documents (RFP for providers, sample contracts, budgets, etc.) and options for phased or regional pilot implementation. Other elements of this recommendation may include the role of the NHTA, and a proposal for mediation of issues that cannot be resolved by regional committees.

6. Results

When the coordinated system of funding paratransit is in place, the result will be improved access throughout the state to transportation that will open up other services to all citizens. A coordinated system will be more visible and more easily accessible to anyone. It will provide more rides even if overall funding remains level, and it is expected that benefits will be measurable over time. This system will address widespread concerns about the transportation programs associated with a number of human services programs.

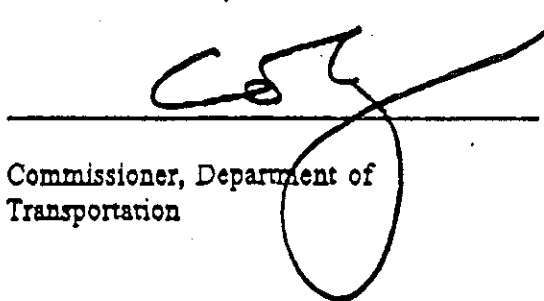
The Department of Health and Human Services and the Department of Transportation agree to the above-stated provisions to coordinate transportation services supported by Federal and State funds in New Hampshire.

Date: 9/21/94



Commissioner, Department of
Health and Human Services

Date: 9/27/94



Commissioner, Department of
Transportation



**OFFICE OF STATE PLANNING
STATE OF NEW HAMPSHIRE
2 1/2 BEACON STREET — CONCORD 03301
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**PROPOSED WORK PROGRAM
FOR A PLANNING STUDY TO DEVELOP
RECOMMENDATIONS LEADING TO THE ESTABLISHMENT OF A STATEWIDE TRANSIT
COORDINATING SYSTEM FOR THE STATE OF NEW HAMPSHIRE**

The proposed work program has been reviewed and is in accordance with the agreement signed by the Commissioners of the Department of Transportation and the Department of Health and Human Services. It will be reviewed with the Advisory Committee and revised as necessary to assure clarity and to provide additional detail as appropriate.

A principle objective for this draft was to verify that OSP had defined a project that addresses the concerns under consideration. Included is: the proposed work program; a schedule for completing the work; preliminary project cost estimates; and a brief discussion of how the program would be administered. It is proposed that the time schedule start upon the date that the agreement with DOT is approved by the Governor and Council.

Phase I: Project Advisory Committee (PAC) - Finalize Work Program

The Office of State Planning will establish a Transit Project Advisory Committee (T-PAC) prior to finalizing the work program. It is anticipated that T-PAC will include representatives of transit providers, including para-transit, and social service providers. The membership will be augmented by representatives of additional agencies or groups which might be impacted upon by the project, or which might be instrumental in the implementation phase of the program.

Phase I will also involve discussions of the work program with T-PAC, especially with the new members. Modifications regarding clarity and/or procedures would be made prior to finalizing the work program.

Phase II: Collection and Evaluation of Related Information

Subtask A. Information from other States related to existing State transit and para-transit coordination systems will be gathered, evaluated and summarized for discussion with T-PAC. As appropriate, follow-up contacts will be made with individuals from these States to determine the limitations and/or advantages of the various systems that are in

existence.

Subtask B. Discussions will be held with the Department of Transportation, the Department of Health and Human Services, transportation providers, client groups, and Regional Planning Agencies to gather and examine data on transportation needs and funding by program and region. The purpose of this sub-task will be to determine needs, both met and unmet; existing funding levels; sources of funding; funding shortfalls if any; and potential opportunities for more effective coordination.

Subtask C. An RFP will be developed with the aid of the T-PAC for the purpose of selecting a consultant with experience and knowledge relating to current thinking and successful transit coordination programs at the national level. This consultant will be asked to review the preliminary recommendations of the project and to provide advice in the preparation of final proposals for a New Hampshire system.

Phase III: Recommendation(s) for State Transit Coordinating System

Subtask A. Based on the previous discussions, and additional information to be gathered in this phase, a series of preliminary recommendations will be prepared relative to the establishment of a Statewide transit coordinating system. The recommendations will address:

1. structure of the system;
2. legal or administrative steps required to effectuate the system;
3. costs to implement the system including start-up and operations;
4. potential funding sources;
5. possible State or Federal barriers to implementation; and
6. realistic alternatives where present.

Subtask B. Public informational meeting(s) will be scheduled and held to obtain public input on the recommendations prepared under Subtask A. The recommendations will be modified as appropriate based on the results of the meeting(s).

Subtask C. The recommendations will be finalized and a final report will be prepared following review and approval of the final draft by T-PAC and DOT. The final report will include, but not be limited to, the system recommendations, required documents such as a suggested RFP for providers, sample contracts, and appropriate budget proposals.

PROPOSED BUDGET:

Class 20	Current Expense	\$ 3000.
22	Rent and Leases	1000.
40	Indirect Costs	1256.
42	COLA	600.
46	Consultants	13000.
59	Full Time Temporary	15267.
60	Benefits	4733.
70	Travel-In State	<u>1144.</u>
	Total	\$ 40000.

PROPOSED SCHEDULE:

It is anticipated that the total project will take approximately nine months from the date of approval of the agreement. Phase I will take approximately two months. Phase II will involve approximately three months. Phase III will be completed in the final four months assuming that the public hearings can be scheduled and that T-PAC is able to come to a decision within that time frame.

It should also be noted that there will be an RFP developed to hire a consultant for the purpose of reviewing the preliminary proposals developed under this project to assure that the most current thinking in the area of transit coordination is incorporated into the final proposals. The schedule may have to be adjusted to assure that the recommendations of this contractor are appropriately considered in the final report.

APPENDIX B

T-PAC Participants and Minutes

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T-PAC MEETING
February 16, 1995

MINUTES

IN ATTENDANCE:

Paul Lodi, Carrol County Trans. Alliance; Kathy Bogle, NH Assoc. of Aging and Nutrition Services; Pete Cavanaugh, So. NH Planning Commission; Carol Dustin, GCSCC; Joanne Dodge, Strafford Guidance; Van Chestnut, AT/NHTA; Nancy Kilbride, CAP/CAT/NHTA; Janet Hunt-Hawkins, People First of NH; Joe Follansbee, COAST/NHTA; Todd Rigelstein, Div of Mental Health; Bill Johnson, Div of Human Services; Gerri McLean, Comm. Alliance; Wes Gardner, SCOR/GCSCC; Tom Pryor, DEAS; John Keegan, DEAS; Fred Roberge, Special Transit Service; Celeste C. Hartwell, Kearsarge COA; Kevin Main, PAP/GSES; Kit Morgan, NH DOT; Kristin Wolfe, NH OSP; Judy Berry, NH OSP; Dave Scott, NH OSP.

Meeting began at 9:30 a.m.

Dave reviewed the work program and reported that the purpose of the project is to develop better coordination of Transit Services throughout the State. OSP's role will be to pull together the appropriate parties for discussions and to develop recommendations based upon the information provided by these parties. These parties will be represented through the T-PAC and include Agencies, service providers, and client representatives.

Phase II. Subtask A. of the work plan involves collecting information from other States about the level of coordination which exists in regards to Transit Provision. Kit Morgan reported that some information has already been collected through a fax survey regarding the level of coordination which exists with regards to funding.

- 22 States responded to the survey. Of these:
 - none consolidate all DHHS and DOT funding;
 - 5 consolidate some funding at the state level;
 - 8 do not consolidate any funding at the state level;
 - none consolidate all DHHS and DOT funding at the regional level;
 - 5 consolidate some funding at the regional level;
 - 6 do not consolidate any funding at the regional level;
 - 3 have a third party (such as a transit association) involved;
 - 2 have a state coordinating committee with approval power;
 - 7 have a state coordination committee with advisory power;
 - 2 have a regional coordinating committee;
 - 6 have a formal agreement between DHHS and DOT;
 - 7 states reported that there was no coordination or had nothing to report.

Through the survey, Kit received 5 samples of interagency agreements for review.

Review and Discussion of Work Program

Note that the new completion date is scheduled for June 30, 1995.

Dave asked each group represented at the meeting to outline the geographic area which their organization serves on the state maps provided. This will be entered into the State Geographic Information System and assist in determining geographic gaps and overlays, as well as programmatic gaps and overlays.

The process of gathering data from other states, as well as in-state organizations has begun. Areas which still need to be identified include: needs (met and un-met); sources of funds; and funding shortfalls.

There was discussion regarding whether or not an RFP should be developed (Phase II, Subtask C) to hire a consultant or if it might be more appropriate to utilize the expertise of the organizations involved in the program. It was noted that there may be one organization in NH which has the technical expertise to do the work outlined for the consultant and bring that information back to the T-PAC. Regardless, of how this task is addressed, the T-PAC is the decision leader for the work program.

Phase III Recommendations:

There was discussion regarding the purpose of the Final Report and what was actually driving the June 30th deadline. Tom Pryor commented that FTA may have money available for a follow-up pilot project but the money may not be available after June 30, 1995. In addition, FTA and HHS have said that there may be an opportunity to have more program flexibility in regards to waiving Federal requirements. In light of this, should the work program result in an actual grant application for a pilot project? It was agreed that since the T-PAC really doesn't know what the grant application would be for yet, the final report could be the beginning of the next step to identify this. The product of the study could be more of an Implementation Plan than a Final Report. Recommendations could be structured to become the basis of a grant application with Federal requirements kept in mind.

It was commented that since this project originated from the political arena, perhaps money should be spent on building a constituency for it rather than hiring a consultant. "Build the project broader rather than deeper."

Public discussion should occur at the end of Phase II with an analysis of preliminary recommendations which leads to recommendations for the structure of the Report and Implementation Plan recommendations.

It is important to understand that this project needs to look at all participants: State Agencies; Providers; and Clients or the project is not complete. A system which works for providers and funders may not work for consumers, and the most important aspect of this program is that it work for consumers.

Dave asked the providers and consumer representatives to identify why the existing system doesn't work now. If organizations were given the autonomy and necessary funding, what changes would be made immediately? Ex.) Paul Lodi commented that grant money is used by his group to purchase vehicles; the State "encourages" (mandates) him to coordinate with other agencies, but the grant requirements do not allow coordination to occur. The system needs revamping before successful coordination between agencies can become a reality.

By aiming at this ideal, we can pull all the information together and develop a program which will be successful.

It was commented that T-PAC has to focus on what will actually work first and consider obtaining demonstration funds second but both may end up happening by focusing on what will work, keeping in mind that there must be a unique component to the project in order to obtain demonstration funds.

There was a question regarding any pre-supposed outcome of this project from OSP or others. Dave commented that there really was no pre-supposed outcome. There may or may not be one model of transit coordination which fits all regions. A brokerage system may develop but some organizations within regions are already operating together.

What is brokering?

Different kinds of brokering involve a "dispatcher" which provides fixed route or/and on-demand services and has equipment; an organization which coordinates everything but doesn't necessarily provide any transit; a broker would likely also coordinate paper work to determine client needs and eligibility and ensure that funding is allocated appropriately and efficiently.

A broker can be a separate agency with no vehicles or a single regional system which owns everything or anything in between.

It is important to involve the private sector such as Taxi's, bus companies. Most of the T-PAC members present noted that they do work with the private sector. NH Trailways was identified as a group to contact as they will be providing services on I-89 to the airport.

VT Medicaid was identified as a group which operates a system to determine the cheapest and most efficient mode of travel for their clients based upon client needs.

Specific issues needing further investigation were identified. These include liability issues (volunteer networks, existence of liability pools); insurance laws; and the Good Samaritan Law. It was commented that perhaps someone from the State Insurance Department should be involved to address these issues, as well as someone from Licensing Services.

Dave asked for the formation of 2 smaller groups representing providers and clients to define issues which need to be addressed and bring them to the larger group. These discussion should occur prior to the next T-PAC meeting on March 16, 1995. Discussion will also be on-going with state agency representatives. A meeting will also be held with the Regional Planning Commissions.

Some issues already identified include dispatch, vehicles, connectivity, training, and utilization of different radio frequencies and the difficulty of coordinating this, as well as different computer systems among different groups. (Contact Arlene Pinkos at INR network to address the radio communication issue)

This is just a rough outline of issues and these need to be further defined by T-PAC participants.

T-PAC MEETINGS ARE SCHEDULED MONTHLY (3rd Thursday).

NEXT MEETING IS MARCH 16, 1995 at 9:30 a.m.

A follow up mailing will identify the location.

See the first page memorandum for a summary of information which needs to be collected in the next two weeks.

The meeting adjourned at 11:30 a.m.



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Transit Planning Advisory Committee
March 16, 1995

MINUTES

In Attendance:

Fred Roberge, Special Transit Service
Pete Cavanaugh, Southern NH Planning Commission
Nancy Kilbride, Belknap-Merrimack CAP
Kathy Bogle, NH Association of Nutrition & Aging Services
Joan Ascheim, NH Division of Public Health
Carol Dustin, Grafton County Senior Citizens Council, Inc.
Lori Powers, People Advocating for People
Ken Hazeltine, NH DOT
Norman Charest, Tri County CAP
John Keegan, NH DEAS
Wes Gardner, NH SCOA
Judy Berry, NH OSP
Dave Scott, NH OSP

NEXT MEETING:

APRIL 20, 1995 9:30 TO 12:30 LOCATION TO BE ANNOUNCED

The meeting began at approximately 9:30 am.

Following introductions, Judy asked for comments to the packet of information sent out prior to the meeting. Suggestions were made to include ridership by ride type information in the summary tables and to make sure groups which are typically not included in the disabled categories are included in our discussions and summary information (e.g. people with epilepsy). It was also noted that the Division of Human Services should be identified separately from DEAS on the summary table and GCSCC and the CAP groups should be listed under non-profit Social Service Providers.

Linda Quinn, Nonprofit Insurance Services Director with the Granite State Association of Nonprofits discussed the issue of liability insurance and volunteers.

- Linda stated that there is a State Statute protecting volunteers from civil liability but transportation related activities are excluded from protection. (RSA 508:17).
- Agencies therefore need to carry liability insurance. When the organization owns vehicles, it should have a Business/Auto Policy. Having Non-Owned & Hired Coverage will protect the agency,

volunteers and employees who drive their own vehicles. An organization needs to check with their broker however, to determine when Non-Owned & Hired Coverage kicks in.

- Linda further discussed the distinction between a fee for services and a donation as being deciding factors in many court cases. In addition, the determination of business use of a vehicle is often based upon what money is exchanged between the volunteer and the rider, not what the agency does after the trip is over. Further, if a volunteer picks up people on his or her own initiative without being told to by the organization, then it could be argued strongly that the organization is not liable. Linda stated that volunteers need to be treated exactly like employees.
- It was pointed out that the wording of an insurance policy is not changed when the policy is changed from personal to business use so the organization is still at the mercy of the court's interpretation. Granite State Association of Nonprofits is working with an insurance carrier to take a position on this and change the wording but nothing has resulted as of yet.
- Linda clarified that whomever owns the vehicle involved in an accident is responsible so volunteers should drive company vehicles not their own and organizations really must check driving records and do motor vehicle reports when hiring employees or using volunteers.
- An option identified for nonprofits who only need vehicles for a limited period of time is to borrow vehicles from agencies when they are not in use. Granite State Association of Nonprofits writes policy for nonprofits and leases these vehicles for \$1 for the period needed then cancels the policy when it is no longer needed. An example given was that of using HeadStart vehicles in the summer. Linda pointed out that borrowing a vehicle for 1 day here and there is really not an issue and this would be covered but if it is a regular occurrence or if several agencies are using a vehicle on a regular basis there would have to be a policy for each organization. A transportation collective could be set up as a separate corporation which would be insured separately and vehicles could be pooled. If this were done, the organizations would collectively own the vehicles and would then lease internally among groups.
- It was asked how tight the definition of a volunteer's activities needs to be. Volunteer's duties are so variable, how can you insure for any activity? Linda stated that organizations can not use the term "job description" to define a volunteer's duties, organizations must have strict Volunteer Service Policies and Employee Service Policies and stick to them.

Enclosed are copies of RSA 508:15-17 identifying limits of liability for donors and distributors of food; directors and officers of charitable organizations; and volunteers and nonprofits.

Linda agreed to work on a chapter about Risk Management for the report coming out of this study so if there are specific questions which you would like to see answered, please let Judy or Kristin know by the end of April.

The group then broke out into two groups to brainstorm and discuss specific issues. These groups represented Transportation Providers and Human Service Providers.

Human Services Providers

The Lakes Region Planning Commission Report on Public Transit was identified as a good summary of what is going on in that region and who the participants are but this group talked about how you determine who the participants are statewide. Judy stated that all current participants need to make the project staff aware of who has not yet been included so that they may be invited. If all participating groups do this, we should have a fairly substantial representation.

Generally, 7 topic areas were identified by the human services providers represented as the primary issues facing transportation provision and coordination.

1. The first of these is **communication**. Although services appear to adjoin on the maps there is no mechanism for getting between towns and organizations. Ideas to bridge this included single points of entry on a regional basis with technology and agreements between organizations to connect rides, a "trip tix" for example. A system like this would enable the same opportunity to transit at different points of entry. The envisioned communication involves more of a network of different organizations rather than a physical sharing of equipment. It was also discussed that the regions should be smaller than counties and in fact, as long as information access is fully in place statewide, the facilitation of rides can be at the local level.
2. The second issue identified is that of **access and responsiveness**. This issue, directly related to the first, involves the concept of "booking rides/facilitating" rather than "dispatch". The human services providers felt that dispatch had more to do with talking to vehicles and what they really need is someone who can communicate with both the clients/riders and the organizations involved. This might even include information at local libraries which clients/riders can access themselves or a "Helpline" which is an identified transit access point encompassing all available options (not identified with an agency specifically).
3. The third issue identified is that of **money**. Obviously, this is an important issue and a substantial barrier. Alternative sources of funding need to be investigated.
4. The fourth issues is that of **geographic and service gaps**. It was discussed that primarily in the rural areas there are gaps in services. In addition, there is not much opportunity for human service providers to make decisions on transit services provided unless your organization has the contract. It was suggested that a management committee be set up to make sure all organizations get heard and all can fully understand what services are needed. It was clear that there needs to be integration of the system, not just transit services or human services. The interface between rider and driver and organization, as well as simply providing transportation needs to be understood.
- ** In light of this, it was felt that the attributes of an integrated service approach needed to be defined. Judy asked the human service representatives present to begin working on this for the next meeting. If you have suggestions to help define system and service attributes, please contact one of the representatives listed as in attendance.
5. The fifth issue identified is that of **flexibility of ridership**. It was discussed that there should not be eligibility criteria for ridership as exists with many funding sources (e.g. the unit of service structure in contracts needs to be relieved to be more flexible with funding.) This kind of restriction of vehicle use is what causes vehicles to drive around with one person aboard. A recommendation was to have a fixed route service schedule regardless of rider classification and a demand response structure with volunteers to handle the more rural areas. In addition, the location of scheduled stops needs to be reviewed to ensure that vehicles are actually stopping where the majority of the ridership needs to go.
6. The sixth issue identified is that of **on-going consumer input and accountability**. It was discussed that part of any contract for a regional broker should be on-going input from consumers.
7. The seventh issue identified is that of **private/public partnerships**. How to build these, what are the strengths and weaknesses and how to share resources to benefit both were all identified as important to addressing this issue. It was discussed that there should be standards for access to services and oversight needs to be built into the system. The ideal would be to be able to buy the right kind of service based on specific needs. Defining the attributes of an integrated system will help to articulate expectations and build these partnerships.

The human services group discussed the following ideas for coordination and for creating incentives for commercial providers. If local coordination is in place, does this then become the building block to subsidize long-distance travel. -- A statewide brokerage could buy tickets at a fixed rate such as in Plymouth where the

community buys taxi tickets at a reduced rate, the driver turns the tickets in and gets reimbursed. Another option is that of a "Pass Plan". This would be a trust fund which people pay into then draw on when they want to utilize services.

Ideally, coordination will creatively maximize the strengths of providers and link them together.

Meeting Notes

Initial Brainstorming with Transit Providers

(Notes provided by D. Scott who writes without quickness)

Transit Discussion Groups

For the benefit of individuals who are new to the discussions, the group attempted first to identify the various ongoing discussions relative to the transit process. The Ad Hoc Committee was identified as having initiated the discussions over the past year. It was noted that group, which includes some of the same people participating in this process, is continuing meetings and discussions, but that the current emphasis is on what will occur after the planning study is completed. The Ad Hoc Committee is really concerned in implementing the efforts of the planning committee (T-PAC). This may come about as a pilot project with financial support from the Federal government or some other, as yet unanticipated, approach.

It was also recognized the two other groups are carrying on related discussions related to coordination efforts. These are the Division of Elderly and Nutrition od Health and Human Services; and the members of the Transit Association.

Finally, the individuals around the table agreed that the Planning Study, which involved the T-PAC, presently being coordinated by OSP was intended to gather appropriate information and to develop specific recommendations that would lead to the creation of a statewide transit coordination system.

Agency Fears

It was pointed out very clearly that agencies which have not been involved in the ongoing discussions, whether large or small, have heard about this effort only through word of mouth. As a result rumors have been flying and there is great concern regarding the implications of these discussions. The emphasis on Consolidation and Coordination may be interpreted in a number of ways depending on an individuals perspective. Consolidation might suggest centralization and when coupled with Coordination might lead to reductions in programs and the loss of services for individuals who lack the ability to be heard.

The group wanted to emphasize the fact that the consolidation and coordination efforts were focused primarily on the provision of transit services in support of related human service programs. They recognized the need to understand the mission of each agency involved and to assure that agencies which are doing well to continue while those having problems would obtain required support. The need to emphasize the benefits to people resulting from the program, as opposed to focusing on numbers, was identified as critical to the success of the effort.

Finally, the group agreed that whatever the structure of the final model which evolves as a result of these discussions, it must meet the test for the provision of quality of service and provide for continuation of all those services which are needed. To the extent possible, the required resources must be identified and provided. A basic planning assumption must be, that the minimum level of service will be no less than that currently in place and that the objective is to improve on that level, otherwise there is no reason to continue the discussions.

Important Points for Consideration

1. Possibility to involve school bus fleets in the transit discussions recognizing the potential legal issues and operator concerns.
2. Possibility of getting involved with the 911 program. 911 is in the process of developing a comprehensive address/statewide mapping program that might provide the basic framework for a transit dispatch system.
3. All directly attributable and related transit costs must be fully allocated. These would include:
 - a. Administration
 - b. Drivers
 - c. Training
 - d. Procurement
 - e. Insurance
 - f. Maintenance
 - g. Etc.
4. Standards must be developed for the utilization of vehicles. Such standards might include, among others, concerns for over and under utilization; the level of use for special use vehicles; and the requirements for back up vehicles or redundancy.
5. Identification of, and recommendations relating to, the presence of mutually exclusive and/or conflicting regulations.
6. Standards for training and the coordination of such training opportunities.
7. Opportunities for joint purchasing; reduction of overall costs through bulk purchasing; and provision of this information to transit program participants.
8. Measures for evaluation of the relative level of success relative to any of the key recommendations.
9. Sensitivities must be considered as part of the process of preparing program recommendations. Such sensitivities must include an awareness of the implications of distance and the type of service required for each potential rider on the ability to provide the needed service.
10. The process of regionalism must include existing functioning agencies so that the ultimate impact on those being served is kept to a reasonable minimum.
11. To the extent that "things" are working well, they should be retained. This would include concerns affecting quality, quantity, and cost of service.
12. At the appropriate time the Dept. of Education must be brought into the discussion. (This relates to the earlier discussed issue of school buses.)

Steps to Take

1. The first step is to develop a mission statement for the program, followed by appropriate Goals and objectives. (Participants were asked to prepare them for the next meeting.) The mission should define the programs to be part of the process and should include an evaluation option.
2. The process by which various levels of decisions are made must be clearly and succinctly defined and accepted. The process by which questions are brought up and potential conflicts resolved have to be understood and agreed upon.
3. Criteria have to be developed for the delineation of transit service regions and there must be a review period during which groups and existing agencies can either respond to these delineations or present alternative

proposals for discussion.

4. Uniform standards regarding the level of service must be prepared which includes the definitions of such terms as: coordination; consolidation; efficiency; costs; and region from the perspective of any proposed transit program.

5. Alternative sources of funding must be discussed and evaluated. These might include ISTEA; methods of generating revenue at the State level; and others.

6. The group also recognized that successful development of a transit plan might have significant implications for the newly prepared State Transportation Plan. It was felt that these implications should be determined and provided to the Commissioner of DOT.

The group discussion concluded with the thought that, "Transit might be considered as a service access system" or as means of providing access to needed services.

The meeting adjourned at approximately 12:30 p.m.



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Transit Planning Advisory Committee Meeting
April 20, 1995

MINUTES

THE NEXT MEETING IS SCHEDULED FOR MAY 4, 1995 AT 1:00 PM AT THE OFFICE OF STATE PLANNING LIBRARY IN CONCORD.

In Attendance:

Wes Gardner, State Council on Aging
Birthe Filby, DEAS
Celeste Hartwell, Kearsarge Council on Aging
Joan Ascheim, DPHS
Thomas Pryor, DEAS
Jack Munn, Southwest Regional Planning Commission
Will Vaughan, COAST
Joe Follansbee, COAST
Van Chestnut, AT/NHTA
Eric L. Knowles, People Advocating for People
Fred Roberge, Special Transit Service
Pete Cavanaugh, Southern NH Planning Commission
Todd Ringelstein, DMH+DS
Peter Gray, Greater Laconia Transit Agency
Norman Charest, Tri County CAP
Glenn McKibbin, HCS Community Care, Inc.
Joanne Dodge, Strafford Guidance Center
Kit Morgan, NH DOT
Kathy Bogle, NH Assoc. of Nutrition and Aging Services
Carol Dustin, Grafton County SCC
Laurie Powers, People Advocating for People
Sharon Penney, North Country Council
Dave Scott, NH Office of State Planning
Judy Berry, NH Office of State Planning

The meeting began at 9:35 am

Following introductions, Judy commented that the first half of the meeting would be spent discussing the issues brought up by Social Service providers and Transportation providers at the March 16th meeting to reach some level of agreement on the characteristics of a coordinated transit system in NH. The second half of the meeting then would be structured around the CTAP report "Coordinating Transportation: Models of Cooperative Arrangements" to discuss possible structures of a coordinated system in NH. Call OSP if you did not receive a copy and would like one.

Characteristics of a NH system:

Van commented that the group should focus its discussion on what gave birth to this project. Kit's paper, "Coordination of Human Services Transportation", is really what this project is all about. The paragraph regarding implementation addresses the need for state agencies, involved in this effort, to participate actively on the coordination and make the necessary changes to administrative rules. Van reviewed the "Implementation" section in Kit's paper to point out that we are trying to find common ground but our first concern should be the objective in the Memorandum of Agreement which addresses the potential of an innovative coordination program attracting demonstration funding to meet start-up costs. The formation of a Statewide/Regional/Local coordination council provides the opportunity for group decision making without dictating how services will be provided. Van recommended using the money available for consultants who know the state of the art in paratransit coordination and use them to help present proposals for federal demonstration money.

Dave commented that before we can focus on implementation issues, the T-PAC needs to agree on some characteristics of a coordinated NH system.

Paul commented that Flexibility is the key. There is no flexibility when agencies/organizations are restricted to specific clientele, this overlooks options to support other agencies. Everyone seemed to agree that services need to be available to serve other types of programs and clientele. Flexibility was further defined in terms of populations served, as well as agencies served. In addition, services should be able to change as program needs change, (e.g. if a program schedule changes, the transportation service needs to move with it.)

It was further discussed that coordination needs to occur at the "community" level (however community is defined) but someone needs to initiate this, such as a Lead Agency. However, turf issues become an issue with a Lead Agency, so who will do the coordination? Dave commented that a Lead Agency does not have to be the lead in all aspects.

There was concern expressed regarding the threat of public services taking over private services and protection of turf.

Dave stated that any "State System" needs to recognize different needs in different regions. One model will not necessarily be the model for all regions. (region not defined)

Dave asked if there was agreement that a characteristic of a NH system could be uniform standards for training and vehicle use?

It was commented that we need to define things in terms of Purpose of trips and vehicle use rather than numbers of trips or riders. We are really trying to serve people and the vehicle is the means to that end.

There seemed to be agreement that any system needs to have built-in accountability, (i.e. consumer input at the highest level.)

There was concern expressed regarding whether the funding sources are committed to this project, and if not should we even be moving forward?

Tom stated that Comm. Byrd instructed the Department heads to be involved and the new commissioner is supportive of this project. We need to give the people at the commissioner level a product to buy into.

It was further stated that T-PAC needs to come up with ideas that are realistic for NH to bring to the funding sources for them to accept or reject.

It was commented that more flexibility may be gained if barriers can be eliminated through funding

consolidation. The freedom to do this is an issue.

There was substantial discussion regarding the determination of transit related funding provided by program and region. DOT cannot determine this from the total amounts but we should know the breakdown (e.g. how much a driver costs, gas, etc.) A coordinated system should be able to use transit related funding more flexibly. Can we figure out how much we are using for transit services?

This determination is easier in some cases than others as some organizations are allocated on a more client centered basis. For example, Allita stated that transportation is not considered a discrete service as case management may occur during transport. It was pointed out however, that if costs are based on mileage reimbursement, then it's a matter of asking the different groups to determine this. It may not be easy to do, but it may be possible.

Another level of coordination which is critical to the success of this project is a commitment by agency heads to coordinate, that is, a willingness to make this work and work together.

Kathy commented that we could gain a lot if the human service providers just heard that they can be flexible with their ridership -- rider-centered coordination.

It was commented that the commitment from participants to coordinate would probably accomplish as much as consolidation but it is not realistic that everyone would volunteer the time and energy to do this.

The Carroll County Transportation Alliance has an approach called "Simple Solutions". They have one phone number from which consumers can access services. Nobody pooled money, the participants are saving money simply by coordinating, so they do it. The CCTA structure is an example of how to coordinate: 1) They have 1 phone number for the region; 2) the person answering the phone has information about all services in the area; and 3) there is a mechanism (a person) to make the decision regarding where the ride comes from (type of transportation). CCTA is made up of 16 agencies with 28 vehicles, 21 of which are funded by DEAS and DMHHS, 7 are private.

It was commented that you still have to pay for that person on the end of the phone. With CCTA, everyone pitched in \$25 to get it started; initial seed funds were \$1800.

The question was posed, What is the impetus to keep people committed? If this is an institutionalized resource, will people stay committed? Should a characteristic of a NH system be: If you want funding you have to be coordinated with other providers in the region?

The coordination needs to be structured, there needs to be a mechanism to make coordination happen. Maybe it is tied to the funding and the incentive is simply to be able to continue to provide the level of service to clients that presently exists.

Birthe commented that perhaps the solution is to have the transportation experts provide transportation and the human service experts ensure that their clients needs are met within the transportation system rather than worry about such things as vehicle maintenance, etc. Glenn added that in Roanoke, VA, one agency does all the transportation and the human services have people send all their vehicles to that agency and a lead agency coordinates the transportation. This is not necessarily the answer for NH but there are cases where it has worked.

Discussion of Coordination Models:

We are talking about a structure that has certain characteristics and what that would be. One answer is the most cost efficient transportation for a particular ride. There needs to be a mechanism for directing the client to the transportation. Could one organization perform the administrative requirements such as billing?

It was commented that there are distinct rural and urban systems and no one system addresses all needs of both. For example, there are very basic communication problems in the northern part of the State such as no cable, no touch-tone phones, no cellular bubble, and the mountains get in the way of radio communication. In addition, people are very spread out and the road structure is not conducive to efficient transportation provision.

Maybe one statewide phone number could dispense information (such as another phone number) for each regional structure (region not defined).

Tom commented that realizing the potential of Electronic Benefits Transfer through debit cards is not that far off. Within 2 years, Food Stamps will be dispensed this way and a whole array of benefits can be added to one card. These can be used on buses for fare costs. He is hopeful that the State Agencies will be able to pay for implementing this technology.

It was added that we need to think broadly on this and have these cards available for anyone and have an identified agency responsible for dispensing them.

The VPTA and Medicaid agreement in Vermont is one example of regional brokered services, though there are a lot of purse strings which go along with accepting this model. The entire State is divided into regions so each region has responsibility. A regional broker is responsible for providing rides and seeing that rides are promoted. Instead of a pre-set rate, a loading fee for administrative costs is charged and in turn the most cost effective means of getting the ride need met is provided. However, this agreement has nothing to do with HHS or the Agency of Transportation despite a law which says the agencies should coordinate. This is very different though, from how Medicaid funds are being distributed presently in NH.

The key to coordination is if something is working in a particular region or community then that is the best answer for that area.

It was suggested that there are services, the provision of which could benefit from single Statewide coordination, similar to the training and associated standards which DOT provides. Examples are purchasing and insurance. NHTA already collectively purchases.

Other areas for Statewide coordination to enhance service and reduce costs are the publication of linkages among systems and Drug and Alcohol Testing of FTA funded "Safety Sensitive Personnel" or any commercial vehicle drivers.

HOMEWORK

- 1) The T-PAC members were asked to think about what the mission, goals, and objectives are for this study and fax those ideas to Judy at 271-1728. She will attempt to then develop one mission statement with associated goals and objectives for the committee to review at the next meeting.
- 2) The members were also asked to review the CTAP report on Coordination and answer the questions in the 3 checklists, then fax those responses to Judy at the above number.

This information should be sent by May 1 so that we can compile it and discuss it on May 4.

The meeting adjourned at approximately 11:45.



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Transit Planning Advisory Committee Meeting
May 4, 1995

MINUTES

THE NEXT MEETING IS SCHEDULED FOR MAY 18, 1995 AT THE DEPT. OF RESOURCE & ECONOMIC DEVELOPMENT CONFERENCE ROOM FROM 9:30 TO 12:00.

* Paul Lodi, Carroll County Transportation Alliance and Allita Paine, DMH&DS, WERE present at the April 20 meeting. Both were not listed as being in attendance on the minutes. Sorry Paul & Allita!

In Attendance:

John Fransway, Div of Human Services
Van Chesnut, Advance Transit/NHTA
Norman Charest, Tri County CAP
Wes Gardner, State Council On Aging
Fred Roberge, Special Transit Service
Pete Cavanaugh, Southern NH Planning Commission
Richard Polonsky, Tri County CAP
Birthe Filby, DEAS
Paul Lodi, Carroll County Transportation Alliance
Cliff Calverley, Community Transit Service, Clarmont
Eric Knowles, People Advocating for People
Todd Ringlestein, DMH&DS
Kathy Bogle, NH Association of Nutrition/Aging Services
Joanne Dodge, Strafford Guidance Center
Joe Follansbee, COAST
Kit Morgan, NHDOT
Jack Munn, Southwest Region Planning Commission
Dave Scott, OSP
Kristin Wolfe, OSP

The meeting began at 1:05 pm

Dave Scott announced that OSP and Complex Systems Research Center at UNH are developing an electronic information access system. Further funding for the system could come from DOT and/or HUD. The system currently houses a planning component and a geographic information systems (GIS) database geared toward local officials. In the future, there could be a transportation and/or housing component which could facilitate communication among those people. It is anticipated that a similar opportunity may develop for transit related activities as the bulletin board develops.

Dave went over the Mission, Goals and Objectives that Judy compiled as a result of three responses from the committee. The Mission, "A ride for someone who needs it" was offered by Pete Cavanaugh of SNHPC. Two additions to the list were, "ease of access", by Van Chesnut, Advance Transit/NHTA. First: he proposed that a potential rider should be able to find out quickly, whether or not he/she can get a ride. He suggested that perhaps an 800 number be made available to consumers. The second recommendation was, focus attention on getting all the "players" in one place together to work on local transit priorities and opportunities; perhaps through the regional organization. There were no other additions to the list. Dave asked that the group be prepared to take action at the next meeting.

Two structures for developing an integrated and coordinated statewide transit system were presented. MultiSystems Inc., a Massachusetts based transit corporation with extensive experience in planning, and operating transit systems for states and localities met early on with the prior committee and developed some preliminary thoughts for the design of a statewide system. Two approaches were developed by Multisystems that seem to fit well with the discussions to date. Dave reviewed them, noting that they were brought to his attention at a meeting on May 2nd. The structures both included having DOT serve at the funding agency with DOT and DHHS functioning as the core of a State Coordinating Council. At the local level both options included a regional broker and a Local Coordinating Council made up of all the local groups involved in providing or using transit. The difference lay in how the State and local groups were connected. One option envisioned DOT dealing directly with the local groups, while the other option involved another organization handling the contracts and administration.

The Committee acknowledged the primary difference between the two models was the "link" between DOT and the Regional Brokers. The advantages and disadvantages of each model were discussed. Pete suggested that the regional brokers will communicate naturally, and that the "link" or "middle man" could function as a service bureau.

Kit Morgan, DOT, noted that the funding requirements for each agency must be known before deciding on whether the "link" is desired. The principal difference between the two options is the point at which the major portion of program administration occurs. Either DOT will function in that capacity or a third party will assume that role subject to the review of the Statewide Council.

There was some comparison of the proposed NH models with Vermont's existing systems. For instance, DOT is not involved in the VT model. That system primarily functions with the Medicaid program. The system appears to work and initially was intended to bring together other funding sources. However there has been no subsequent movement in that direction. The group generally felt that the NH effort should move ahead broadly and attempt to bring all funding sources together.

Issues to Think About for next meeting:

- It was pointed out that the roles of each group on the model should be clearly defined as well as the people who would represent each group. For example, would the State Coordinating Council consist of 1 representative of each Regional Broker? If yes, how do the Regional Brokers select a representative for their region. Should geography and clientele be considered during the selection process?
- Once the role of the "link" is more clearly defined, the Committee can decide whether or not it should exist. Who should represent the "link"? A state broker to voice the opinions of regional and local groups under it to DOT?
- Dave noted that brokers can be used to coordinate one aspect of the process or all of them. Maybe the broker will just handle the billing; maybe it will provide the vehicles, drivers, billing, etc.
- Kathy Bogle, NH Association of Nutrition/Aging Services, noted that from a policy point of view, the consumers were on top of the model. How does the consumer "hash out" problems with providers? Through a state broker?
- Paul Lodi, Carroll County Transportation Alliance, suggested keeping the model as direct as possible without losing the coordination of transportation to consumers. Paul's main concern was keeping the local providers linked and in touch at more than just a monthly meeting. If contract monies were funnelled through a broker rather than directly to providers from DOT, would local groups communicate more regularly about how funding could be utilized more efficiently in the region rather than in individual service areas? Would the "link" structure encourage providers to discuss how funding could be allocated evenly across the region rather than in their own programs? There may need to be a policy change to encourage this type of communication.
- be used for the pilot project and where should it be tested? For how long? (It was suggested that it may take 1-2 years for the model to actually be in place. Demonstration grants would be needed for that same amount of time.)
- How will the regional brokering system affect DOT? Instead of working with a \$1 million budget, it could be \$12 million. What are the impacts?

Pending questions that finally have answers:

- Q. Is funding available to finish the recommendations report and begin a pilot project?

A. Yes, the Agreement between DOT and HHS is an indication of their support for this project. Funding is needed for organizing, coordinating existing system, NOT implementation of new model.

Q. How much \$ will we request to fund the pilot project?

A. Given the timing of the proposal, Dave proposed asking for a substantial grant such as \$1 million with several components. He recommended that each component be self contained and focused on a specific activity which would be tested as part of the overall NH Transportation System proposal. These could include the use of electronic "credit card" fare systems; development of a comprehensive user access system such as a single contact number or other electronic communications network; or even an expansion of Paul's "simple solutions" concept; among others. In this manner we would enable the Federal agencies to choose the proposals that would best qualify for their respective programs.

Dave anticipated that the draft outline of an application for funding would be prepared over the next six weeks. Hopefully, the full application would be submitted shortly thereafter and following approval (be positive!!) would be carried out over a period of 2 to 3 years.

Q. What is the definition of REGION?

A. It was determined that "Region" had to be an all inclusive term. Dave suggested that the County be considered as the basis for any regional alignment. There are two reasons for this recommendation. First, many of the existing human service programs are based on these boundaries and look to the county for local funding. The same is true for several of the transit providers. By coordinating the programs at this level, requests for continuing support could be more effectively coordinated. This would help the commissioners to understand to overall system rather than presenting requests on a piecemeal basis. Additionally, each of the county delegation is a State legislator which would mean that there is the opportunity for a greater understanding of the efforts to coordinate the various programs when the Legislature meets to discuss future budgets.

HOMEWORK

- * Please be prepared to discuss the advantages and disadvantages of each model at the next meeting.
- *)* Try to determine how much money your agency spends specifically on the provision of transportation services.
- * Be prepared to arrive at a consensus regarding (1) the structure of the coordinated Statewide Transit System either with or without a middle broker; and (2) the use of county boundaries as the basic region or some other regional option.

Reminder, the next meeting will be at the DRED conference room where we met in APRIL. Time 9:30 to 12:00. Wil Rodman of Multisystems Inc will be present to discuss the various options which we are reviewing and to respond to questions and concerns based on his firms experience.



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Transit Planning Advisory Committee Meeting
May 18, 1995

MINUTES

Nancy Kilbride, BMCAP
Kathy Bogle, NHANAS
Karla Karash, MultiSystems
Will Rodman, MultiSystems
Wes Gardner, SCOA
Birthe Filby, NHDEAS
Carol Dustin, GCSCC
Christopher Morgan, NHDOT
Joanne Dodge, Strafford Guidance Center
Richard Polonsky, Innovation Works
John Fransway, NHDHHS/DHS
Glenn McKibbin, HCS Community Care
Roger Ellsworth, Greater Laconia Transit
Norman Charest, Tri County CAP
Peter Cavanaugh, SNHPC
Fred Roberge, STS
Van Chesnut, AT/NHTA
Joan Ascheim, NH Div of Public Health
Joe Follansbee, COAST
Will Vaughan, COAST
Linda Rauter, Granite State Independent Living Foundation
Paul Lodi, CCTA/Center of Hope
Eric Knowles, People Advocating People
David Scott, NHOSP
Judy Berry, NHOSP
Kristin Wolfe, NHOSP

The meeting began at 9:35

Dave Scott began the meeting by asking if the Minutes from the May 4, meeting were accurate or if any changes needed to be made. Glen McKibbin noted that the Minutes mentioned a discussion of the advantages and disadvantages of each proposed service model but neither was listed. It was asked if such a list of advantages/disadvantages existed. One did not. Perhaps one should be delineated. Dave then confirmed that out of the two proposed service models designed by MultiSystems, the favored model seemed to be direct contact between DOT and the Regional Brokers. Also, it was mentioned that the term "Region" would imply county boundaries.

A Preliminary Report (enclosed) designed to generate further discussion of the preliminary recommendations at the next meeting was handed out. Karla Karash and Will Rodman of MultiSystems, a Transportation Consulting Firm in Cambridge, Massachusetts were then introduced.

Boundaries

Glen raised the question of how an existing service or program that crosses over county lines will be affected. Dave mentioned that although the regional brokers' boundaries could be county based. This would not preclude services from crossing borders and local service and program areas could be determined by the locality.

Van Chesnut reiterated that each boundary option will be opposed by someone, but suggested that activity centers be used to define boundaries rather than county lines. The outer sections of those activity centers could be determined later. Will Rodman of MultiSystems responded by noting that in his experience, county based boundaries are the most popular choice.

****** Perhaps alternatives to the county based boundary should be investigated. Relay alternatives to Judy Berry at OSP. Also submit comments on the Final Report to OSP.

Judy is currently developing budget information submitted by T-PAC members and developing an outline to serve as chapter headings for the recommendations report (attached).

Regional Information Meetings

Dave proposed holding informational meetings with providers at each region to discuss T-PAC progress and preliminary recommendations. Joan Ascheim mentioned the need to advertise such meetings in order to foster a respectable turnout. Perhaps in the Union Leader? Birthe Filby suggested calling Ray Lacasse of DEAS to request a label list of contractors, 271-4642.

MultiSystems

Will Rodman of MultiSystems introduced himself and Karla Karash. Both have coordinated and/or designed transportation, transit and paratransit systems since the 1970's. Karla wrote the CTAP Report Re: Coordination. An information packet that resulted from a one day workshop with NH State Agencies and Transit Providers was handed out (enclosed).

A Federal Joint Coordinating Council made up of Federal DOT and H&HS developed a report relating to how different states have gone about coordinating Medicaid. This was also handed out (enclosed).

Will noted that the cost of non-emergency transportation has increased 10% per year in the 1990's.

Common problems experienced by other states coordinating transportation include:

- excessive payments and
- cumbersome administrative procedures.

Common success traits:

- Proactive Management,
- Committed Staff,
- Communication with Providers,
- Use of Public Transit,
- Flexibility/Innovation,
- Brokerage Concepts/Coordination, and
- Use of Cost Effective Techniques.

The system structure reviewed included the following:

A Regional Broker will be present at each county (or represent more than 1 county). Sometimes it is obvious which group will act as the regional broker. Sometimes it is not. In the latter case, competitive procurement should decide. NOTE: Conflict of interest is a problem when a broker who is also a provider gives business to itself, not necessarily at the lowest cost. Need a monitoring entity.

A Local Coordinating Council should exist to function as a this monitoring entity ("watchdog") over each regional broker to avoid the conflict of interest mentioned above and ensure consumer input.

Boundaries Revisited

A question was raised about the potential administrative costs incurred by programs/services that cross over two regions. Will paperwork need to be done for both regions?

Dave suggested that these sorts of questions could be resolved by the local coordinating councils.

What about "Turf Issues"? Will used Vermont as an example of how "Turf Issues" can be avoided. Comparatively, when boundaries were clearly defined from the beginning, turf issues were not a problem.

Funding and Medicaid

Q. How do other success models deal with Medicaid and integrating other sources of funding?

A. The funding stream passes through DOT. "Ground rules" or requirements are attached to all sources of funding. If an applicant receives funding, the "ground rules" accompany those monies.

What Happens to DOT?

Q. DOT's workload will increase X amount. How can this be handled?

A. Either the work is completed in-house by existing and/or new staff, or a private entity will act as an administrative agent. Either way, funds will be needed to support the additional work.

Advantages of using a private administrative agent include better control, not politically swayed, and the ability to "get away with more".

Q. Who could serve as administrative agent?

- A.
1. an existing private non-profit
 2. create a private non-profit
 3. hire a private for profit company experienced in transportation coordination
 4. create a private non-profit organization managed by a for profit until private non-profit is ready to stand on its own. MultiSystems has acted as the manager for other states.

Service Quality

Q. How is service quality managed?

A. Funding "ground rules" play a key role in managing service quality. If service is not upheld, funding decreases. Also, health and human service providers MUST be involved in deciding what types of transportation services should be offered. Do clients need door-to-door, door-through-door, or curb-to-curb? Communication between clients and providers is also important.

Computer Technologies such as electronic identification cards that identify clients and their needs, as well as funding agent, exist to improve coordination efforts.

NH's Innovative Transportation Coordination Technique

Other states are aspiring to NH's concept of transportation coordination. Allowing all funds to pass through DOT is more cost efficient than having each funding source send money to regional brokers resulting in each

agency having to restructure the way administration money is distributed. However, when money goes to DOT, there must be an understanding on the level of service which will be provided.

DHHS's Dilemma

It was made clear that DHHS does not coordinate transportation, it has no money to administer costs for transportation, and it is under a hiring freeze. Currently in NH there is no "watchdog" operation to determine whether a 100 mile ride was truly a 100 mile ride rather than a 50 mile ride. Money (\$.25/mile) goes directly to clients/operators. Will mentioned that VT implemented a watchdog agency and improved savings.

The question was raised that if DHHS does not currently spend money on transportation coordination or a watchdog agency, what is the incentive to start now? The incentive is the savings it will enjoy when the system is used properly and thus, becomes more effective.

Eric Knowles suggested that perhaps writing checks to agencies once or twice a month rather than after each ride would also decrease costs. John Fransway felt there would be no significant savings there.

Will responded by saying that the system will be designed around what works best in each locality and the number of vehicles and providers that exist.

When selling the system to commissioners and legislators, an emphasis should be on:

- Private Sector
- Local Control
- Highest Quality/Lowest Cost

Flexibility

Another hot topic is flexibility within the system. Joan asked for examples of "rule bending" to avoid empty vehicles that are clientele specific. In other words, some vehicles may only pick up physically handicapped riders due to funding restrictions yet travel by other riders in need of transportation.

Cost savings occurs when general public and special needs riders are mixed. However, that isn't always possible. With one broker, trips may be assigned to minimize low ridership and create a centralized service area in terms of a brokerage/dispatcher.

The question was raised whether integration would include the general public. It may, but in some cases, an outcry from public taxi companies may occur. They may feel as if they are competing with publically funded vehicles. This is more of a local issue which needs to be decided by municipal policy but also part of doing business. It is really no different than competing with public transit. More successful brokerages have included taxi companies along with ground rules.

Pete Cavanaugh suggested that maximizing the use of each vehicle would result in a decrease in service quality. Rides would be longer in order to accommodate more riders; waiting time for a vehicle would increase as the number of scheduled pick ups grew.

Dave responded by noting that maximum use of vehicles may not be a goal of the system. Cost effectiveness may be a goal but client needs are also of high priority. The MOU between HHS & DOT is the tool to address eligibility requirements and level of flexibility.

Kathy Bogle mentioned that a definitive inventory of what is common practice, interpretation, or a true regulation in terms of ridership flexibility needs to be taken.

Volunteers

The question of how the network of volunteers may be covered by insurance was answered by MultiSystems.

In VT, it is policy to cover volunteers under the State. Volunteers were considered state employees subjected to a thorough screening process.

Funding

Van asked how federal funding for a demonstration project could best be utilized and what types of start up costs could be expected. Karla mentioned that she spoke with Dick Doyle, head of FTA, who mentioned that money was available. Initially, \$30,000 - \$60,000 could be offered for set up costs. In CT, \$60,000 was utilized to develop a statewide system and pilot projects. To actually implement a system or several demonstration systems around the State, a much higher dollar amount is required; \$1 million or so.

Norm Charest suggested we use any funding we receive for start up purposes rather than demonstration projects around the State. It was decided that OSP would work with MultiSystems to develop a 1 page concept paper for an initial \$60,000. It would then be submitted to the Commissioners of DOT and DHHS for approval. A more detailed proposal should be submitted by June 30th.

MultiSystems suggested that a management committee continue to meet to develop the long range proposal. Members should include a representative from each state agency (DOT, DEAS, HHS, DMHS, DMR) Eric Knowles from People Advocating People, Kathy Bogle NHANAS, and 2 providers.

** It was noted by MultiSystems that one person needs to be at the helm of the project to ensure it gets pushed through. This is essential. A few nominations for Kit Morgan to be this person were offered.

The next two meetings will be held at DRED on June 8, 1995 and June 15, from 9:30 - 12:00.

The meeting adjourned at 12:40.



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Transit Planning Advisory Committee Meeting
June 8, 1995

MINUTES

Present:

Will Vaughan, COAST
Joe Follansbee, COAST
Tom Pryor, DHHS/DEAS
Wes Gardner, SCOA
Kathy Bogle, NHANAS
Paul Lodi, SCOA/CCTA
Todd Ringelstein, DMH
Joan Ascheim, DPHS
Norman Charest, Tri-County CAP
John Fransway, DHS-OMS
Eric Knowles, People Advocating for People
Barbara Hoover, DHS-OES
Van Chesnut, AT/NHTA
Pete Cavanaugh, SNHPC
Fred Roberge, STS
Kit Morgan, DOT
Nancy Kilbride, BMCAP
Gerri McLean, CTS
Joanne Dodge, Strafford Guidance
Carol Dustin, GCSCC
Allita Paine, DMHOS

Please note that Allita Paine was present at the April 30 and May 4, meeting but was inadvertently left out of the Minutes.

Minutes were recorded by Judy Berry and Kristin Wolfe.

The meeting began at 9:40.

Dave Scott began the meeting by asking if there were any questions or comments about the May 18 Minutes. There were none. Dave announced that a draft report would be presented at the June 22, meeting and distributed to T-PAC members for comments. Feedback would be accepted for three weeks and a report would be presented on July 27, 1995. Dave mentioned that OSP's role in the coordination effort would end on June 30, 1995. He recommended that DOT, through Kit Morgan, continue to hold T-PAC meetings to provide a forum for discussion after such date.

Correspondence since last meeting:

Dave noted that he received a fax regarding the letter from Commissioner O'Leary to Roger Tate indicating that there is flexibility and the start-up money for two "regions" may be available. Focusing on start-up costs rather than huge funds may be the direction to take.

Corrections have been made to the summary table based on information received and the entire table will be incorporated

into the report.

Carol Dustin from Grafton County Senior Citizens Council, submitted a proposal to OSP which identifies their level of interest in transportation and the kinds of activities in which they are involved. Dave encouraged each organization to submit a letter identifying the coordination effort (if any) taking place in their region, as well as regional/local needs and how each organization will handle coordination functions. Some of this information is included in the Summary Table but expanding upon what we already have will assist in developing a more comprehensive report. A summary of such efforts could be included in the recommendations.

Public Meetings:

The first public meeting is scheduled for Thursday, June 15, 1995 at 2:00pm at the Keene Recreation Center in Keene, NH. If you would like to hold a public meeting between now and mid-July, contact Dave (271-2155). You will need to set up the time, location, etc. and invite OSP as a co-sponsor. This will help to get a larger audience than if OSP scheduled meetings independently of the local/regional organization. OSP will do the mailing for your meeting though so send your mailing list to Judy Berry (OSP, 2 1/2 Beacon Street, Concord, NH 03301).

Joan Ascheim expressed a concern that the central focus of the Committee and the Committee itself be maintained while pilot projects are developed.

Mission of T-PAC:

The mission of the project and of T-PAC has been discussed at previous meetings and will be identified into the report. The mission identified at previous meetings was as follows: Provide easy access to a ride for anyone who needs one; and Continue meeting to discuss and resolve local and regional transit priorities and opportunities with a broad spectrum of participation.

"Region" discussion:

We have discussed principally counties but other "regional" breakdowns have been suggested. Kathy Bogle commented that she liked the idea of using county boundaries as regional breakdowns as their size makes sense in terms of ease of service and the governmental presence is positive. Paul Lodi agreed and commented that their funding sources are related to town appropriations and county funding therefore it makes sense to link the service area to county boundaries. He also noted that there is a different dynamic in Carroll County than in many others due to the economic base being tourism. In light of this, he feels the funding connection and governmental issue are the most important reasons for choosing county boundaries. Fred commented that lines should not be drawn until participants and players are identified. That is, lines should correspond to services provided not funding because this project may streamline the funding.

Discussion continued around the determination of lines based on players and service area. Important points addressed the flexibility of "natural" boundaries determined by service area and whether boundary lines could be moved around over time. Kit commented that establishing a core service area and moving outward would be more efficient than starting at the county and spending time drawing lines.

Discussion then turned to defining a brokers role and how the definition of that impacts the "region" determination. Van commented that he saw a brokers role as supervising and contracting, providing transportation, and controlling/distributing funding. Pete stated that he firmly believed any broker should be determined by competitive bid. First the region needs to be defined, then an "administrator" of that region can be selected to handle the funds. Whoever works the best in the "region" should be selected but the contract should be subject to renewal every three (3) years or so. A broker could be a profit or not-for-profit company. He noted that in Washington they use competitive procurement and have been relatively happy with the process. In contrast, in Florida the broker is selected by the local planning agency and it is perceived as too political. He also noted that in Manchester, counties do not make sense as any three of the counties could serve Manchester but he did not feel the recommendation was totally unacceptable.

Dave commented that if county boundaries were selected as the regional breakdown, he would recommend that the local groups be responsible for selecting the broker as counties and municipalities put a lot of money into the services provided.

Concern was expressed that if the counties are going to be the recommended breakdown, county officials have not been involved in these discussions. Carol pointed out that county officials are on many of the boards of the organizations represented on T-PAC so they have in fact been involved.

Kathy commented that it seems others define a broker's responsibilities differently than she does, such as bundling funding. She sees a broker as a leader/convenor -- in some areas(regions) people/groups are way ahead on the timeline and can define this, in others they are not, so we need to clearly define broker.

Van commented that in his perspective a broker is whoever is responsible for matching funding and passengers.

Tom noted that DEAS adopted counties for planning and service area boundaries and in retrospect it has been the best decision and he would strongly support this recommendation.

Dave commented that there is room for both perspectives of broker definition and regional breakdown. If we recommend counties we are not demanding strict adherence to these lines. There may be circumstances where county boundaries are crossed. Such proposed modifications should be incorporated into the local plans/programs. In addition, any submission from members regarding coordination opportunities should define broker.

Joe noted that county geographical boundaries have nothing to do with county government but simply provide a simple way of defining territory. The actual boundary will probably not be as important as getting the funding through the county. Considering the DOT deficit, the county is a universally developable funding mechanism. If services are organized around county boundaries then groups can go to the county and representatives and get a response to address delinquency and inadequate funding of transportation services.

Dave added that using county boundaries does not presuppose that county governments will run the system. We are not recommending specific agencies but simply geographic areas.

Joe stated that he agreed that an RFP process is necessary to select an "operator" but that does not eliminate politics entirely. To minimize the politics, the local coordinating council should run the RFP process. This permits the local groups to decide who their leader is and the council should be all inclusive, not just transportation providers.

There seemed to be a sense of agreement on this from the committee.

Kathy stated that the qualities and skills of the leader should be identified with criteria based upon the timeline.

Dave stated that the core requirements of an RFP could be determined at the State level upon which each region could base their process. It was further noted that the State Agencies need to say to organizations that they must coordinate.

Todd asked what collaborative efforts exist presently.

CTS: Gerri reviewed the Community Transit Service's role as a member of the Community Alliance of Human Services in working collaboratively with more than 25 different groups (daycare, mental health, hospitals, CAP, etc.)

COAST: Joe presented that COAST has been addressing coordination for about 3 years with 26 agencies in Strafford and Rockingham Counties. These groups coordinate on maintenance agreements and insurance pools. This doesn't change the organizations involved but simplifies how they operate. There is also a full-time regional coordination manager who works with all 26 agencies. Many of the agencies are on COAST's Board of Directors. COAST is trying to facilitate coordination, not control it.

BMCAP: Kathy noted that Nancy runs public transportation in the Concord area and she works with the rural areas. They are trying to serve a broader population using the primary health center as an anchor. Merrimack county is working on coordination, the Lakes Region process has slowed however due to control issues.

CCTA: Paul noted that the Carroll County Transportation Alliance brings together organizations working on transportation. 22 organizations are represented including advocacy groups. They have elected officers and have a Board of Directors. Their goal is to facilitate and have an 800 number linking everyone. They are collectively examined insurance and vehicle maintenance. Linking the training has been the greatest success. The Board of Directors will appoint a coordinator to help steer money to provide savings for everyone. In July, service will be provided 7 days per week including Friday and Saturday nights. In addition, CCTA is independently working on their own financial support networks.

Tom commented that DEAS is in the process of designating CCTA as a demonstration project which has given him more flexibility in terms of ridership and services provided. Therefore, client populations are ending up with more rides and

services are provided more efficiently.

Norm commented that we really need to hear from the State Agency people as to what can be expected. He stated that the best thing that can come out of this process is the definition of broker and territories. This should be handled like a business transaction and we need to get the biggest bang for the buck. The number of rides which need to be provided needs to be determined and whoever can do this at the best price should do it.

It was noted that the small agencies may be hurt if this is not handled carefully. Gerri commented that if you have a broker who chooses the most effective way of transporting a client, not necessarily transporting the client themselves, this will be considered.

Dave noted that this is why a broker needs to be determined locally in consideration of how to handle cross boundary services and flexibility.

Tom stated that the Commissioner has consistently emphasized client appropriate services and DEAS would be interested through an RFP process in having a defined array of client appropriate services.

Joanne stated that we need to focus on the roles of this group and define the issues better.

Todd stated that if we go with county definition of regional breakdowns, we will find that most of the 10 Mental Health centers and 12 Developmental Disability agencies are tied in. We have heard from several existing cooperative efforts but how many collaborations are out there. (It was noted that all counties except Hillsborough have been represented).

It was discussed that the broker in a region should be responsible for knowing all the service providers and rates within that region. Barbara Hoover mentioned that the brokers should also have relationships with the other brokers in the State to address cross boundary issues. It was commented that the State Agencies should bring the brokers together regularly to talk about what is going on.

Kit commented that the report should list the responsibilities of brokers since it seems that not everyone agrees on these tasks.

MOTION: John Fransway motioned that we all agree to county designation of regional breakdowns with the flexibility to meet the needs of individual service recipients and what is geographically functional. Joe seconded the motion. All voted in favor.

State Model:

Dave noted that we had discussed previously 2 models for coordination. Both of which were contained in the MultiSystems report. One model sent the money to DOT and DOT then would work with the local organizations/brokers; the seconded showed DOT working with a middle group who then coordinated with the brokers. Dave asked if there were any suggestions for different models or approaches.

Discussion ensued regarding the issue of pooling the DHHS and DOT money. Joan commented that she understood this was the only way to go if we hope to receive demonstration funding. Carol commented that if that is the only reason to do it then we need to look at alternatives. Tom commented that he is hoping the Carroll County Transportation Alliance model could be replicated. Commissioner Morton says that transportation provision by Health and Human Services in the future will be better service/client appropriate service both at the local level, as well as with the DHHS base definition of services to be provided.

Q. So is consolidating the money the best way to do this?

A. Tom (DEAS) says No. Tom recommended that a coordinating council of DHHS and DOT working together for the coordination of money and services assuring that funding streams go down efficiently to brokerages is more appropriate. Money going into 1 account is not the best way now. What difference does it make if an organization receives 1 check from DOT and 1 check from DHHS...?

Dave commented that accountability is the major concern. One suggestion which may be appropriate is to have DOT and DHHS retain control of their funding with a coordinating council made up of client groups, provider groups, DOT,

& DHHS. Recommendations regarding funding could be made and DOT and DHHS could then directly fund the activity/organization. In this scenario, the money doesn't come together at the top but rather at the bottom, at the regional/local level.

Dave asked if this alternative was better than the 2 models previously discussed?

Norm commented that the criteria for a broker needs to be in place regardless of structure.

Q. Will the model proposed by Dave get demonstration funding?

A. Though this is not as original as pooling the funds, it is not being done elsewhere so it still may receive demonstration funding.

Allita commented that the money is tied directly to the client not the service so transportation funding is very difficult to separate out. Pete responded that money can be used to buy whatever services are needed in essentially an "open market", a broker has to provide the services needed or it won't get the business.

It was stated that the Commissioners need to support the brokerage concept.

Tom commented that at a meeting of Comm. O'Leary and Morton, Comm. Morton stated that he wants more efficient and effective service. Legislation is being introduced to hold volunteers harmless, and consider volunteer liability insurance. Comm. Morton also made clear that he wants DHHS money beside DOT money to be coordinated and brought down to the local level.

MOTION: Paul made a motion to accept for the preferred plan funnelling of DOT and DHHS resources through a State Coordinating Council through Regional Brokers to local transportation suppliers and client organizations. John seconded the motion.

DISCUSSION: It was noted that there is no definition of State Coordinating Council in the motion. Tom suggested that on the NHTA model handed out that DOT be equal to DHHS and that the dollar sign be taken out (this then essentially reflects the motion). Carol suggested that possibly money does not flow through the council. Kathy stated that the organization she represents (NHANAS) does not endorse pooling money. They want to endorse a conceptual structure but they need assurances from Tom regarding the funding. Tom commented that DHHS is going through a re-engineering process and he doesn't even know what DHHS will look like after that but the best he can offer is that DHHS will coordinate funding with DOT. A core team working on the re-organization has talked about re-organizing around core competencies but Tom does not know if transportation is part of this.

Kathy stated that where the money comes from is very important. Dave stated that it is clear that Comm. Morton supports the Memorandum of Agreement but wants to retain control over DHHS money and his signature is not on the MOA.

Q. Does this preclude demonstration funding?

A. Kit stated that there are no guarantees. Dave commented that we shouldn't put all our eggs in that basket but he believes that this does not preclude applying for demonstration funding.

Joe noted that he had circulated a model currently being reviewed by NHTA. The addition of DOT at the top of the chart may come close to where we want to be as a State with DOT administering this at the bottom. Discussion noted that DOT and DHHS feed into the Coordinating Council then to the regional brokers.

After discussion the motion was amended to read:

Amended Motion: Accept for the preferred plan the funneling of dot and dhhs resources with the state coordinating council, coordinated through regional brokers to local transportation suppliers and client groups.

VOTE: In Favor -- Will Vaughan, COAST; Joe Follansbee, COAST; Tom Pryor, DHHS/DEAS; Wes Gardner,

SCOA; Kathy Bogle, NHANAS; Paul Lodi, SCOA/CCTA; Todd Ringelstein, DMHS; Joan Ascheim, DPHS; Norman Charest, Tri-County CAP; John Fransway, DHS-OMS; Eric Knowles, People Advocating for People; Barbara Hoover, DHS-OES; Van Chesnut, AT/NHTA; Pete Cavanaugh, SNHPC; Fred Roberge, STS; Kit Morgan, DOT; Nancy Kilbride, BMCAP; Joanne Dodge, Strafford Guidance; Carol Dustin, GCSCC

Opposed -- Allita Paine, DMHOS, Bureau of Dev. Services

Not Present -- Gerri McLean, CTS

Homework

Please send in proposals suggesting how coordination might work in your region and contact Dave regarding any public hearings to be scheduled in the next 3-4 weeks.



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**STATEWIDE TRANSIT COORDINATION SYSTEM
PLANNING PROJECT**

**PUBLIC INFORMATIONAL HEARING -- KEENE
JUNE 15, 1995**

In attendance:

Sherre Harden, Monadnock United Way
Peg Tatro, CARES
Lisa Addison, Home Health Care & Comm. Serv.
Ruth Bocko, American Red Cross
Larry Biron, Town of Marlborough
Jack Munn, Southwest Region Planning Commission
Glenn McKibbin, Home Health Care & Comm. Serv.
Charles Miller, Town of Walpole
Dave Scott, Office of State Planning
Janet Bourne, Office of State Planning

Minutes were recorded by Janet Bourne.

Dave presented an overview of the process to date, the information which has been gathered and the preliminary recommendations developed.

About one year ago, transportation oriented organizations and agencies got together to discuss coordination. The focus was how to more efficiently and effectively provide services with decreasing funding. A demonstration grant was received to conduct a planning study based on a Memorandum of Agreement between the Commissioners of Transportation and Health & Human Services. The MOA posed the question of how to more effectively coordinate services and bring together funding sources without regard to the type of agency. At that time the majority of people involved in the discussion were transportation providers and it was clear that the study needed a broader representation of organizations utilizing and providing transportation services.

Participation in the Transit Planning Advisory Committee was open to all interested parties. Approximately 55 groups were represented either in person or by receiving the minutes. Discussions were held regarding liability issues and volunteers, specific issues that are perceived as problems in terms of coordination, etc. From this it became clear that everyone was in the same "game" and resources are tight.

The preliminary recommendations developed addressed the need for a regional approach to coordination, using county lines not agencies. This basis for breaking out areas was identified as open for modification due to geographical necessity or historical associations of groups. However, many groups are already organized along county boundaries and counties support the municipalities and local groups.

A second recommendation addressed the statewide structure. Currently, DOT and DHHS fund agencies separately and may not communicate. If DOT and DHHS worked through a Statewide Coordinating

Council and recommendations for funding came from regional coordinating councils to the Statewide Council then the Statewide Council could have the responsibility for reviewing applications and making recommendations to the two agencies for funding. This way, there is communication and the funds can be better distributed.

Questions:

Glen asked a question whether urban and rural areas should be structured/defined differently in terms of geographic breakdown.

Dave responded that we have mapped out service lines in different programs and put into the GIS. If we can walk into a County Commissioners office with a county based coordinated package, with no duplication, it may make it easier to get funding.

Sherre commented that Cheshire County is very rural with no facilities for non-medical rides and we need to state up-front if rural, non-medical will not be an approach.

Dave agreed and noted that the rural issue is often not recognized and we need to make sure it is. Individuals in rural areas have no personal vehicles and have to go distances for services. Their situation is often invisible to the average person. For example, the Concord bus is often empty. This will be part of the recommendations.

Sherre commented that agency statistics about number of people needing transportation are inaccurate. People who don't have transportation may never inquire about a class of program because they know they can't get where they need to go.

Charles asked about funding for expanded services. A previous study was a great study but it fell apart, why? Using services as a way to increase funding is not realistic.

Dave noted that a third part of the report looks at barriers to coordination. These include regulations which specify who can ride and accountability. The issue of cross regional rides also needs to be addressed. He agreed that unless either there are increased funds or increased efficiencies there will be no changes made.

Larry asked how the system would operate at the State level. What would be the process of distributing funds? Would it have to go to Governor & Council?

Dave commented that the G & C is involved now. Agencies have two options for decision making and coordination -- funds and process. Funding will still continue but it is proposed that there be more involvement at the local level and that DOT and DHHS work more closely at the State level.

Larry commented that Cheshire is now competing with bigger counties. Sherre noted that about 5% of funds will be cut. Larry suggested that in the process of the study, the group look at how this will work before we go much farther.

Dave noted that the strength of the process is in organizing and coordinating more effectively. Need to recognize that the county approach by itself doesn't work. There must be a recognition that existing, effective agencies need to continue to be supported. Also duplication, if present, must be eliminated.

Glenn commented that there is concern about county lines. For example, Monadnock VW serves Hillsboro also.

Charles stated that the money available should be used efficiently.

Dave responded that efficient is not always smooth and pretty but must also meet the needs of people at odd hours. We no longer have the luxury of maintaining existing uncoordinated services. We can either

work together or go back to our own turf.

Larry commented that the beauty of this system is the local approach.

Jack asked if coordination will be forced by the Feds?

Dave commented that most agencies accept it but a few do not. The State can say to those agencies that don't wish to participate, either coordinate or lose funding. It is public money so we can no longer use it independently.

Jack asked if coordination would come about on its own?

Dave responded that it might. Since the discussions began nearly a year ago, 2 to 3 counties are running with it.

Glenn commented that Cheshire county may be in a good position to build brokerages because of current structure.

Dave commented that some of the local organization is already pretty good. Glenn added that collectivism will have an impact. If agencies and approaches vary, its hard for county commissioners to understand. If there is a coordinated approach its easier to understand. We should also remember that county commissioners are also legislators.

It was commented that local issues won't be a problem, it's how the State Council operates.

Dave commented that if anyone has specific suggestions as to how the Council should operate, let OSP know.

Charles commented that if its done on our own initiative, charges of maintaining service will be better.

Sherre asked if it is feasible or legal for (as an example) a Headstart van to pick up a senior? Can you mix populations? Liabilities? Charles responded that you don't mix but use at other times if funding sources allow.

Dave commented that we are trying to eliminate those types of barriers. However, there are some populations you can't mix. Also wheelchair access is an issue. The program will never get off the ground if all have to mix. These are legitimate reasons why some groups need to function separately. However, this does not mean that the vehicles have to be exclusively for one group. Vehicles can be scheduled for a variety of uses.

Sherre asked if we could further define populations? Are we only serving populations with assistance required and not looking at the whole population?

Glen asked if you can share funding?

Dave noted that that is possible. We have funding to look at solutions to get started from Federal Transit Administration. Additional funding may be available from the Federal DHHS to do implementation. Dave also mentioned that a grant application will accompany the final report to seek about \$1 million. It is important to remember that the Federal govt. recognizes that coordination will save a lot of money over the long term. NH has the 1st in the nation primary which may be an incentive.

Glen asked if on the regional council there will be a designated agency to administer?

Dave responded that the local(regional) councils will decide how it will work. Who will dispatch, who will manage grants, etc. No rules as to how it should be done. Who ever does it first will become the model. Also, it will be organized from the users perspective, not the politicians.

Glen asked how the money will be divided up? By agencies?

Dave responded that this was not decided yet and will be discussed at the next meeting.

Larry suggested staying away from an equalized ratio.

Dave responded that start-up costs should be based on geography not people. Each county will most likely have similar start-up.

Glen recommended proportional funding but commented that COAST recommends by population.

Dave stated that no one has responded to that yet.

Larry recommended the concept of number of miles not by population.

Dave concluded with saying that there will be some start-up everywhere, but rural areas will be more expensive to serve.



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Transit Planning Advisory Committee Meeting
June 22, 1995

MINUTES

Present:

Will Vaughan, COAST
Tom Pryor, DHHS/DEAS
Kathy Bogle, NHANAS
Joan Ascheim, DPHS
Eric Knowles, People Advocating for People
Van Chesnut, AT/NHTA
Fred Roberge, STS
Nancy Kilbride, BMCAP
Carol Dustin, GCSCC
Linda Quinn, GSAN
Judith Lonergan, UNH Cooperative Ext.
Dave Scott, OSP

Joe Follansbee, COAST
Wes Gardner, SCOA
Todd Ringelstein, DMH
Norman Charest, Tri-County CAP
Barbara Hoover, DHS-OES
Pete Cavanaugh, SNHPC
Kit Morgan, DOT
Gerri McLean, CTS
Allita Paine, DMHOS
Glenn McKibbin, HCS-CC
Lainey Grondin, Strafford Guidance
Judy Berry, OSP

Minutes were recorded by Judy Berry

The draft Statewide Transit Coordination Planning Project was handed out for review by the T-PAC. Dave commented that the report does not include the Appendices (most of which the T-PAC has already seen), the maps (which are being developed), or the Liability chapter (which Linda Quinn and Judith Lonergan are working on and will be ready the beginning of July).

(The maps are not yet ready for review, probably ready by July 10.)

Dave commented that the report attempts to summarize the T-PAC discussions over the last 6 months and add recommendations. We still need to flush out cost information with MultiSystems for the final report. With the final report, we hope to have something which will benefit the system overall, as well as develop specific projects -- the system is the demonstration, each start-up project will be evaluated in terms of transferability to other areas.

Dave stated that the real key to successful coordination is communication and an important recommendation is to continue the T-PAC discussions. If we can get beyond communication problems, the rest of the system will likely work out.

The recommended structure is the one which T-PAC voted in favor of on June 8, 1995. The recommended geographic breakdown is county based but recognizes the need for flexibility.

A number of areas will be expanded upon, but the recommendations will not change unless there is substantial comment to do so, if this occurs, the report will be re-drafted.

Comments on the draft report are due in writing and on letterhead to OSP on July 13 for discussion on July 27 at DRED. OSP will prepare a comment summary for discussion at this meeting. The final report will reflect modified comments and be completed by August 3, 1995.

Status of MultiSystems Involvement:

- helping with cost information
- will develop a preliminary grant application - hope to have done prior to the final report
- discussing with the Federal Agencies the amount of money which may be available and hope to submit the grant application with the final report to implement recommendations.

For informational purposes, Joe circulated the NHTA recommendations which stress regional and system autonomy. (This is included in the draft report but will be summarized in the final report and included in full as an appendix)

Norm commented that Will Rodman (MultiSystems) identified the need for a T-PAC leader. Therefore, we need to have the State Coordinating Council in place as soon as possible.

Glenn asked who will take the lead after July 27th?

Dave commented that the report recommends that DOT and DHHS take over after July 27th to continue the T-PAC discussions. Joint chairmanship is recommended, the 2 agencies do not necessarily have to co-chair but jointly agree.

Q. Are the agencies prepared to take leadership roles?

A. Kit: Yes, but have been hesitant while waiting to see what the recommendations are as it does have to be a joint effort with DHHS.

Tom: There is commitment from the top to continue and DEAS will probably be the designated lead agency.

NEXT MEETING: JULY 27TH, 9:30 TO 12:00 AT DEPARTMENT OF RESOURCES AND ECONOMIC DEVELOPMENT, 172 PEMBROKE ROAD IN CONCORD.

REMEMBER: COMMENTS IN WRITING AND ON LETTERHEAD BY JULY 13, 1995 4:30PM TO JUDY OR DAVE (FAX 271-1728)



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**STATEWIDE TRANSIT COORDINATION SYSTEM
PLANNING PROJECT**

**PUBLIC INFORMATIONAL MEETING -- PORTSMOUTH
JULY 6, 1995**

In attendance:

Joe Follansbee, COAST
Rad Nichols, COAST
Will Vaughan, COAST
Diane Donahue, RCA-Head Start
Lee Sullivan, Rockingham Community Action
Wayne Bailey, Rockingham Community Action
Chris Eaton, Division of Elderly & Adult Services, Portsmouth
Michael Horton, Great Bay Chair Car Service
Robert Marshall, Strafford County Community Action
Lynn Carey, Rockingham Community Action
Joanne Dodge, Strafford Guidance Center, Dover
Judy Berry, Office of State Planning
David G. Scott, Office of State Planning
Chuck Cooper, COAST
Marcia Price, Lamprey Health Care
Linda Howard, Adult Day Care/Homemakers of Strafford County
Barbara Hoover, Office of Economic Service, DHS
Cheryl Killam-Willard, Community Developmental Services, Reg 8
Judy Bunnell, Portsmouth Director Senior Center/Transport
Roberta Stout, Coastal Employment Associates
Mary Huffman, Rockingham Nutrition & Meals on Wheels
Elizabeth Kennedy, Seacoast Family YMCA
Ruthie Ford, New Generation Inc. - Shelter
Holly Zorer Marino, Greater Seacoast United Way
Dot Montoya, AmeriCorps*VISTA Self-Sufficiency,
Rockingham Community Action
Marci Moris, Supervisor, NH Div. Children Youth & Family, Portsmouth
Susan Lashac, Clinical Director, SENHS
Kathleen Stanley, Seacoast Mental Health Child Adolescent & Family Serv.
Doug Campbell, Seacoast Mental Health Center

Minutes were recorded by Judy Berry.

Joe discussed the background of COAST and its involvement with coordination. In the 80's, COAST was more caught up in Fixed Route service but about a year ago began looking at coordination more seriously and established a full-time coordinator position. COAST identified its role to facilitate coordination and cooperation and talk with all transportation people in the region (over

200 vehicles) and try to make the buying power stronger. Joe commented that some perceive COAST as a potential adversary but this is not true, COAST wants to facilitate communication and cooperation and as Federal \$ decrease, everyone needs to work together.

A 94 survey identified transportation as the number 1 deficiency in Dover.

Dave presented an overview of the Transit Coordination Planning Project. About a year ago, a group got together to talk about transit coordination. They met with a consulting firm and talked about broad recommendations. However, the group was more heavily weighed towards transit providers and so a planning study was organized which would bring in a broad spectrum of participation to formulate a plan for coordination -- T-PAC (Transit Planning Advisory Committee).

About 50 groups have been involved, either through attending meetings or receiving minutes. The Commissioners of DOT and DHHS support the project and as long as recommendations coincide with the mission/directive of those offices they will support these as well. The plan will include an application for Federal money to implement some of the recommendations. The T-PAC through its discussions looked at different structures for coordination, typically with some local or regional break up and many utilized brokerage organizations. The primary concerns of the T-PAC are summarized in the report. The recommended structure for coordination involves a Statewide Coordinating Council which receives proposals and recommendations from local coordinating councils from which recommendations can be made to DOT and DHHS regarding funding allocations.

The implementation steps will include a memorandum of agreement between DOT and DHHS to set up the Statewide Coordinating Council and develop pilot projects in each part of the State. Several specific types of pilots are identified in the plan.

Questions:

Will there be new money?

As the local coordinating councils develop, pilots will be started at an estimated cost of about \$50,000 to \$75,000 region in year one. This money is being sought through the grant application which MultiSystems is working on.

Are you recommending that the existing structure be thrown out and replaced with this one?

No, what works currently should remain, what doesn't should be modified. The only mandate is that the local organizations must coordinate as a function of funding.

So funding contracts are still coming through DHHS and DOT based on recommendations from Local Coordinating Councils?

Yes. We are also recommending that T-PAC continue to meet.

How do counties fit in?

As boundaries only not through the county government.

How does this affect agencies who receive no Federal/State/County/or City money?

It could be that the organization is in a position to provide services based on fees, services which may not be available from other providers for example, or as a provider of services at the "end of the trip", you could still benefit by being involved in the discussions.

How does this structure affect the local problems of getting services?

Local Coordinating Councils can impact decisions -- getting people together to talk will address many of these issues.

The United Way surveyed 600 hh in the Seacoast and 1 in 5 saw inadequate public transportation as a major problem. Education is critical to redirect funding from construction to public transportation.

APPENDIX C

Coordination Systems in Other States

STATE LEVEL TRANSIT COORDINATION SURVEY

Summary

(fax survey conducted August, 1994)

STATE	DHHS & DOT Consolidate Funds at State Level?	DHHS & DOT Consolidate Funds at Regional Level?	Is a third party involved?	State coordinating committee with approval powers?	State coordinating committee with advisory powers?	Regional coordinating committees?	Formal agreement between HHS and DOT?
Florida	Some	Some	T.D. Commission	Yes	No	Yes	No
South Dakota	Some	No	No	No	No	No	Yes
Alaska - No Information							
Maine - Working on Coordination							
Vermont	Some	Some	Yes	No	Yes	Yes	Yes
North Carolina	Some	No	No	No	Yes	No	Yes
Michigan - Being Considered	No	No	No	No	No	No	No
Rhode Island	Some	No	Yes	Yes	Yes	No	Yes
Wyoming - No Coordination							
W. Virginia - No Info.							
Texas	No	Some (local)	No	No	Yes	No	Yes
Louisiana - Has not been successful in consolidating funds.							
Ohio	No	Some (local level)	No	No	No	No	No
California	No	No	No	No	No	No	No

STATE	DHHS & DOT Consolidate Funds at State Level?	DHHS & DOT Consolidate Funds at Regional Level?	Is a third party involved?	State coordinating committee with approval powers?	State coordinating committee with advisory powers?	Regional coordinating committees?	Formal agreement between HHS and DOT?
Minnesota	No	No	No	No	Yes	No	Yes
Oregon	No	Some Grantees Combine	No	No	Yes	Ad hoc	No
Connecticut - Just beginning development of interagency brokerage	No	No	No	No	No	No	No
Illinois	No	No	No	No	Yes	No	No
New Mexico	No	No	No	No	No	No	No
Alabama	No	No	No	No	No	No	No
Georgia	No	Some	No	No	No	No	No
Arkansas	No	No	No	No	Yes	No	No

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Minnesota	To facilitate the development of activities that will lead to improved coordination of transportation services in the state.	<p>The formal agreement between DHS & DOT will encourage:</p> <ul style="list-style-type: none"> • the promotion of the most cost-effective use of all transportation funds; • modification of agency administrative and management practices to include identification and removal of barriers such as regulations and program requirements; • identification of funding sources and new matching opportunities; • the sharing of info and technical resources with each other and with transportation providers; and • development of the most efficient transportation delivery network possible by considering all potential transportation vendors including social service providers, volunteer programs, and private-for-profit operators for coordination with each other and with publicly funded systems. <p>INTERDEPARTMENTAL WORK GROUP (state group) will be created to:</p> <ul style="list-style-type: none"> • develop and implement strategies to meet the stated objectives of this agreement; • meet regularly to review the progress of the agreement; and • identify additional joint initiatives and other areas of collaboration. <p>TRANSPORTATION COORDINATION ADVISORY COUNCIL (various providers and interest groups)</p>

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
North Carolina	<ul style="list-style-type: none"> • To utilize existing transportation resources, public and private, before any new resources are made available through public funds. • Continue using the locally prepared and adopted Transportation and Development Plan to determine the most cost effective and efficient use of transportation resources. • The DOT continue providing capital equipment for the provision of local human service transportation while the transportation funds from other depts. are used primarily for operating assistance. 	<p>NC HUMAN SERVICE TRANSPORTATION COUNCIL (DOT, Human Resources, and Economic & Community Dev)</p> <p>Duties:</p> <ul style="list-style-type: none"> • to implement policy and apply criteria as developed by the Council; • to provide written notice of recommendations based upon review of applications or plans to the appropriate State agency; • to review the transportation components of all applications or plans requesting transportation funding when funds are administered by a member agency; • to provide approval for the purchase of all human service transportation vehicles financed by State administered programs; and • to advise and make recommendations to the DOT concerning human service transportation policy.

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Rhode Island	Maintain a fully brokered system throughout the state.	<p>DOT: Is responsible for implementing the brokering program using a private contractor.</p> <p>BROKER: The broker has contractual arrangements with both state and local human services agencies, as well as solicits proposals from transportation providers. A computerized management system is used to keep track of trip reservations, scheduling, accounting and record keeping. Each local service provider receives a routing slip every day, generated from the computer. The provider is reimbursed by invoicing the broker. The broker then invoices the state or local human service agency that requested the transportation.</p> <p>NOTE: The existing brokered paratransit system is being transferred to the Rhode Island Public Transit Authority.</p> <p>PARATRANSIT TASK FORCE (State and public provider representatives)</p> <p>Duties:</p> <ul style="list-style-type: none"> • coordinate a system that will enhance the quality of transportation services provided to elderly, handicapped and low-income persons; • develop policies and guidelines for the efficient transfer of the existing brokered paratransit system to the RI Public Transit Authority; • plan and implement procedures to improve and expand paratransit services in RI; and • utilize the recommendations proposed in the aforementioned transportation study as a basis for developing these enhancements.

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
South Dakota	<p>The Transportation Planning and Coordinating Task Force, other Interagency committees, and the joint Office of Public Transit and Office of Adult Services and Aging staff working groups will continue to seek to remove barriers to coordination of transportation services.</p>	<p>FORMAL AGREEMENT (between Dept. of Social Services & DOT)</p> <ul style="list-style-type: none"> • to disseminate info on transportation programs to agencies providing or interested in providing special transportation services and/or public transportation; • to assign staff to attend periodic meetings with community organizations and other selected agencies dealing with transportation issues; • to exchange annual planning and monitoring documents; • to exchange info on federal transportation programs and funding levels, as these are announced; • to coordinate grantee assessments and audits whenever feasible and share pertinent info; • to coordinate activities and resources to provide training to transportation service providers; and • to exchange info on training activities related to transportation, which would be of benefit to our respective staffs.

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Texas	Facilitate the development of collaborative activities to improve the coordination of specialized, human services transportation.	<p>FORMAL AGREEMENT (between HHSC & DOT)</p> <ul style="list-style-type: none"> • to improve the coordination of client transportation services for which both parties are responsible; • to mirror the coordination commitment demonstrated at the federal levels; • to recognize the Office of Client Transportation Services as the official liaison to the regional and federal Transportation Coordinating Councils; and • to support and assist the Office of Client Transportation in carrying out the transportation coordination responsibilities designated for it by the state legislature. <p>AGENCY TRANSPORTATION COORDINATING COUNCIL (led by Office of Client Transportation)</p> <p>Duties:</p> <ul style="list-style-type: none"> • develop and implement strategies to meet the stated goals for this agreement and the objectives of state legislation regarding coordination of client transportation services; • review the progress of this agreement and report to the DOT, HHSC and the heads of participating HHS agencies as needed or requested; and • identify additional possibilities for joint initiatives and other areas of collaboration and report these suggestions to DOT, HHSC, and the heads of participation hhs agencies.

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Connecticut	To design a brokerage plan for a pilot region within the State of Connecticut.	<p>BROKERAGE</p> <p>A consultant was chosen by DOT to design a brokerage system for public paratransit and Medicaid transportation services and to select a pilot site on which to test out the design. Then a profile of programs and providers was developed, DOT & DSS data needs and service requirements were identified, service performance and cost performance goals were established, and regulatory issued were identified. Other steps involved in the implementation were:</p> <ul style="list-style-type: none"> • development and evaluation of alternative brokerage designs; • determining the information system function specifications; • identifying resource requirements and costs; • prepare design recommendations; • prepare a final report; • prepare policy/procedure manuals • assist with implementation and start-up
Iowa	Expand travel opportunities to human services clientele and the general public.	<p>COORDINATION: There are 16 transportation districts made up of several counties. Each district has a board of supervisors and is responsible for designating one agency within its district to be:</p> <ul style="list-style-type: none"> • the operator of the transportation service • a broker service • or some combination of the two <p>FUNDING: A set of criteria is used by a state advisory council to determine which local agencies receive transportation funding. The Council consists of the Departments of Human Services, Elderly Affairs, Transportation, and a rep from Dept of Education and the State Assoc of Counties. DOT chairs and staffs the council however, DOT has requested it be a function of the Office of the Governor.</p>

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Maine		<p>REGIONAL: Regional coordinating agencies are the recipients of certain sections (16, 18, & 9) of funding and are designated as transportation service coordinators. The agencies have the power to subcontract with other providers when appropriate.</p> <p>FUNDING: Legislation has established an administrative framework that coordinates state and federal transit funds which are administered by DOT. DOT approves regional biennial operating plans as prepared by State Human Services, Mental Health, Medical, and Family Service Departments.</p> <p>LOCAL: To involve local communities, DOT and the regional agencies established Citizen Advisory Committees to review biennial operating plans which set forth local transportation needs, funding requests and how the needs can be met with local resources. DOT dis/approves the plan and then funds it (if approved). The regional agency is then responsible for its implementation.</p>

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Washington	Initiate a pilot project to coordinate human services transportation using a brokerage.	<p>STUDY: DOT and Dept. of Social and Health Services received funds for the project. Objectives include:</p> <ul style="list-style-type: none"> • provide 1 point of contact for service programs and providers of transportation • develop a way to track costs of providing transportation services to social and health service programs • test the brokering concept • identify and resolve barriers <p>INSTITUTIONAL BARRIERS: 1.) Unclear who is responsible for providing transportation services; 2.) DSHS programs are not required to keep accurate records on transportation activities; 3.) transportation is not a high priority; and 4.) lack of funding</p> <p>IMPLEMENTATION: Ten subcontracted brokers currently service the whole state.</p>

State Transit Coordination Systems

STATE	GOAL	PROGRAM DETAILS
Florida	Coordinate all agencies and programs that use local, state or federal funds to provide transportation services to the disadvantaged.	<p>DOT: DOT'S Commission for the Transportation Disadvantaged (12 full time staff persons) is responsible for overseeing and implementing the coordinated transportation program. It is made up of several committees who represent a variety of transportation interests. The committees meet regularly and report to the Commission bimonthly. The Commission grants responsibility to local planning agencies to assist in local program implementation.</p> <p>LOCAL: Forty-nine Community Transportation Coordinators (CTC) exist to serve the disadvantaged in local communities. Services are provided through contracts with public and private transportation operators. CTC's work closely with Local Coordinating Boards that provide advice and direction to the local CTC in delivering transportation services.</p>

State Study of Transit Coordination Systems

STATE: Colorado

Goal: To coordinate human services transportation to more effectively serve agency clients while demand for transportation increases and government funding decreases.

Study: "Colorado Human Services Transportation Coordination Study". The Colorado Human Service Transportation Coordination Council was developed to identify barriers to the coordination of transportation services and recommend solutions. A consultant was hired to prepare the report.

Research: State programs were inventoried, providers were surveyed, school systems rep. interviewed, insurance carriers/agents interviewed

Barriers: 1.) providers have an independent nature; 2.) specific clientele; and 3.) do not want to lose the quality of services they maintain.

Recommendations: Local level coordination is needed since this is where decision making occurs. Colorado is similar to NH in that it places a high value on community independence.

- State and Local Partnerships
- Educational Emphasis and Incentives for Coordination
- State Leadership and Support
- Local Decision-Making and Flexibility
- Service Quality

STATE: Virginia

Goal: Develop coordinated public and human services transportation systems.

Council: Specialized Transportation Council was established by Virginia's General Assembly. "It is the only state-wide coordinating council that is staffed and can make direct funding available to coordinated systems." It receives \$100,000 annually from state income tax forms. There is a box tax payers may check off that allows money to go toward grants to transportation systems. At this time, Virginia has not conducted formal evaluations of its system.



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Coordinating Transportation Resources: States and American Indian Tribes on the Cutting Edge

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Alabama	1989 Executive Order 29 (establishes Alabama Inter-agency Review Committee)	Alabama Interagency Review Committee (ATRIC); DOT; Medicaid Commission; Public Health; Aging; Kidney Dialysis Organizations; Rehab. Programs; Community Action Assoc.; Transit Assoc.; Native Americans	Coordinates with local county steering committees to develop state-wide plan for public and human service transportation and fully allocated costs standards.	Jerry L. Peters Dept. of Transportation 1409 Coliseum Blvd. Montgomery, AL 36130 (205) 242-6078
Alaska	Informal interagency cooperation	Alaska Department of Transportation & Public Facilities; Alaska Commission for Elderly Transportation	Coordination training sessions under CTAP program and development of brokerage models.	Bruce C. Wells Alaska Dept. of Transp. & Public Facilities P.O. Box Z Juneau, AK 99811 (907) 465-2951
Arizona	Arizona Older Americans Act, 1980 (requires coordination of services to the elderly)	Social Services Transportation Coordinating Committee (being reorganized)	DOT is lead agency for coordination; presently developing new planning guidelines.	Bob Sherman Transp. Planning Div. Dept. of Transportation 206 S. 17th Avenue Phoenix, AZ 85007 (602) 542-4146
Arkansas	1993 Act creating Arkansas Public Transportation Advisory Council	Public Transportation Coordinating Council; DOT; Depts. of Health, Human Services; Industrial Development Comm.; Office of Rural Advocacy; Extension Service; representatives of Office of the Governor, State Legislature and transit systems.	Funding coordination; development of service objectives; information exchange; reducing guideline barriers; development of coordination standards.	Jim L. Gilbert State Highway & Transportation Department P.O. Box 2261 Little Rock, AR 72203 (501) 569-2471
California	AB 120: Social Services Transportation Improvement Act (requires coordination of all human service transportation)	Interagency Social Services Public Transportation Committee and Social Services Transportation Task Force.	DOT designates one provider in each transportation service area - "Consolidated Transportation Service Agency," to meet state mandate. Also has developed a complementary paratransit plan.	Paul Smith Div. of Mass Transp. P.O. Box 94274 Sacramento, CA 94274-0001 (916) 323-4691
Colorado	1991 Executive Order B-031-91, creating Coordinating Council for Human Services Transportation	State Coordinating Council; DOT; Dept. of Social Services; Dept. of Institutions; Public Utilities Commission; Dept. of Local Affairs	Reviews local applications for FTA funds; requires TDP that has strong coordination component.	Tom Mauser Dept. of Transportation Room 212 4201 East Arkansas Denver, CO 80222 (303) 757-9768

Coordinating Transportation Resources

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Connecticut	No formal agreement. DOT initiated coordination requirements under its departmental authority to establish guidelines for administering FTA funds	None at state level; DOT requires applicants for FTA Section 16 funds to be part of a coordinated program.	Supports the formation of local coordination council, e.g. as nationally recognized models in Bridgeport and Norwalk.	Brian Chapman Bureau of Public Transit Dept. of Transportation 24 Woolcott Hill Road Weathersfield, CT 06109-0801 (302) 667-7329
Delaware	Program operating authority of Delaware Administration for Specialized Transportation (DAST)	All state paratransit service is provided directly by the state administered DAST program or through contracts to non-profits (DAST retains maintenance responsibility).	Coordination handled entirely by state, along with paratransit vehicle maintenance.	Bobby Geier Delaware Admin. for Specialized Transportation P.O. Box 1347 Dover, DE 19903-1347 (302) 739-6994
Florida	Chapter 427, 1979, creating Transportation Disadvantaged Commission	Florida Disadvantaged Commission (an independent state commission)	Contracts for local Community Transportation Coordinators, as primary conduits for coordinated service delivery. Provides planning, data, performance standards, training programs at state level.	Jo Anne Hutchison Executive Director Florida Disadvantaged Commission 605 Suwannee St., M.S. 49 Tallahassee, FL 32399-0450 (904) 488-6036
Georgia	DOT transfer in 1989 of Section 16b management to Dept. of Human Services, and informal meetings thereafter between the two departments	Department of Human Resources and Department of Transportation coordinate programs through meetings as needed.	Department of Human Resources maintains vehicle titles and provides insurance through state pool.	Troy Bledsoe Office of Support Services Dept. of Human Resources 47 Trinity Avenue, SW Room 514-H Atlanta, GA 30334-1202 (904) 656-4305
Hawaii	1986 interagency agreement to create State Selection and Evaluation Committee	State Evaluation and Selection Committee: DOT; Office on Aging; Voc. Rehab.; DHR; DOE; Comm. on Persons with Disabilities; Honolulu Pub. Transit Authority.	Prioritizes state transportation needs; reviews and ranks Sec. 16 applications (coordination and elderly/handicapped services are important criteria).	Gregg Matsushima Statewide Transportation Planning Office Dept. of Transportation 600 Kapiolani Blvd., #306 Honolulu, HI 96813 (808) 587-1845

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Idaho	H.B. 779 Idaho Transportation Act (1991) encourages transportation coordination and interagency cooperation	Idaho DOT supported regional coordination initiatives in cooperation with Head Start, Aging, and Public Health initiatives.	Sponsors regional coordination studies; supports coordination demonstration projects.	Connie Swearington Public Transportation Dept. of Transportation P.O. Box 7129 Boise, ID 83707-1129 (208) 334-8282
Illinois	Resolution 1299: Illinois Task Force on Coordination of Public Transportation	Illinois Task Force on Coordination of Public Transportation: DOT; Rehab. Services; Aging; Public Aid; Commerce and Community Affairs; ADA representatives; elderly/disabled appointments.	Establishes state-wide coordination policies, procedures, and needs assessments.	David Spacek Division of Public Transp. Dept. of Transportation 310 S. Michigan Ave Room 1608 Chicago, IL 60604 (312) 793-2111
Indiana	Informal trial process for DOT/Family Svs. Admin. review of Section 16 applications; DOT requirements for use of local Transportation Advisory Committees	State DOT and Indiana Family and Social Services Administration, in cooperation with local Transportation Advisory Committees	Joint review of Sec. 16 applications; receives input on applications from local advisory committees. Uses RTAP program to sponsor coordination training.	Brian Jones (Sec. 16) Larry Merritt (Sec. 18) Dept. of Transportation 143 W. Market Street Suite 300 Indianapolis, IN 46204 (317) 232-1480
Iowa	State Code 1A, Chapter 601J (Transportation Funding) - State mandate requiring coordinated transportation services	State-Wide Coordination Advisory Council: DOT; DHR; and Department of Elder Affairs	Collects and assesses on transportation needs from local organizations that are funded through advisory committee programs; determines method for maximum feasible coordination.	Peter Hallock Dept. of Transportation Air and Transit Division 100 E. Euclid, Ste. 7 Des Moines, IA 50313 (515) 237-3302
Kansas	1991 Kansas Coordinated Transit Districts Act requires coordinated transit districts by July 1, 1995	KDOT responsible for implementation; has contracted with University of Kansas Transportation Center to identify districts and coordination policies/procedures, using group meeting input.	KDOT provides technical assistance to groups involved in setting up local transit districts.	James Van Fickel Dept. of Transportation Thatcher Building 217 SE 4th Topeka, KS 66603 (913) 296-0343

Coordinating Transportation Resources

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Kentucky	Informal interagency cooperation between DOT and Department of Human Resources	Kentucky Transportation Cabinet and Kentucky Human Services Cabinet work on staff level to coordinate client service needs through Sec. 18 and 16 programs.	KTC and KHRC are cooperating in transit needs studies in Head Start and Family Support Act programs.	Jerry Ross Division of Mass Transp. KY Transportation Cabinet State Office Building 11th Floor Frankfort, KY 40622 (502) 564-7433
Louisiana	1992 Executive Order EWE 92-38 creating Interagency Transportation Executive Committee	State Coordinating Council: Depts. of Social Services; Health and Hospitals; Transportation and Development (lead agency); Labor; Governor's Office; transportation provider and transit users.	Supports development of regional transit systems, using brokerage approach.	Carol Cranshaw Public Transportation Department of Transportation & Development P.O. Box 94242 Baton Rouge, LA 70804 (504) 379-1436
Maine	LD 1556, 1979 establishing administrative framework for coordinated allocation of state and federal transit funds	Department of Transportation, in cooperation with local Citizen's Advisory Committees and Depts. of Human Services and Mental Health and Mental Retardation.	Works with Citizen's Committees to prepare biannual operating plans as basis for program coordination.	Arnold Levitt Bureau of Transp. Services Dept. of Transportation State House Station 16 Augusta, ME 04333 (207) 289-2841
Maryland	1978 Executive Order creating Interagency Committee on Specialized Transportation	Interagency Committee on Specialized Transportation: Depts. of Transportation, Health and Mental Hygiene; Education; Human Resources; Office on Aging; Governor's Office for Handicapped Individuals.	Reviews Sec. 18 and 16 funding applications using ranking criteria on coordination; local needs; vehicle use; fiscal and management capability. Provides related training.	Diane Ratcliff Mass Transit Administration Dept. of Transportation 300 W. Lexington St. Baltimore, MD 21201-3415 (410) 333-2993
Massachusetts	Interagency Advisory Committee established by internal departmental memorandum in 1974	Executive Office of Transportation, Department of Mental Retardation, Department of Health, Medicaid Agency, and the Massachusetts Office of Disabilities--meets to review eligibility for local operators to receive FTA and state grants for operating and capital assistance.	Interagency Advisory Committee works with regional transit agencies, funded by sections 9 and 18, to encourage coordination with public and non-profit providers and human services consumers.	Astrid Glynn Office of Mobility Assistance 10 Park Plaza, Room 3170 Boston, MA 02116 (617) 973-7011

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Michigan	H.R. 63 (1991) creating Special Committee to Study and Recommend Ways To Coordinate Transportation	Specialized Services Advisory Committee: DOT; Mental Health; Public Health; Education; Social Services; Office of Services to the Aging	Helps form local coordinating committees; provides operating assistance to coordinated programs.	Rose Ann Ward Dept. of Transportation 425 N. Ottawa P.O. Box 30050 Lansing, MI 48933 (517) 335-2598
Minnesota	1991 Memorandum of Understanding between DOT and Department of Human Services	Departmental staff working group and Transportation Advisory Council: DOT; Human Services; Board of Aging; Council on Disabilities; Regional Transit Board; Senior Federation; MPOs; local users and providers	Development of Greater Minnesota Transit Plan to address transit needs; DOT and DHS funding coordination.	Donna Allan Dept. of Transportation Room 815 Transportation Building St. Paul, MN 55155 (612) 296-7052
Missouri	1986 Act 676, providing for coordination efforts	State DOT contracts many Sec. 18 and 16 services with two large systems, Ozark Area Transit System (OATS) and Southeast Missouri Transportation System (SEMTS), providing for coordinated delivery of services.	Provides special tax revenue options for coordinated systems.	Linda Stepnoff Highway & Transp. Dept. P.O. Box 270 Jefferson City, MO 65102 (314) 751-7479
Montana	1987 Interdepartmental Agreement creating Inter-agency Review Committee	Interagency Review Committee: DOT; Dept. of Social and Rehabilitative Services; Indian Coordinator's Office; Governor's Office on Aging.	Pools funding through a joint review process of project applications; works with local transit advisory committees; holds workshops on coordination.	Michael S. Davis Dept. of Transportation 2701 Prospect Avenue Helena, MT 59630 (406) 444-3423
Nebraska	Public Transit Advisory Committee created by Department of Roads in 1976	Public Transit Advisory Committee: Dept. of Roads; human service agencies; Sec. 18 and 16 programs; local governments.	Has developed pilot projects for coordinated transit service districts.	Larry Brown Dept. of Roads 1500 Nebraska Hwy 2 P.O. Box 94759 Lincoln, NE 68509-4759 (402) 479-4518
Nevada	1993 Interdepartmental Agreement creating Transit Advisory Committee	Transit Advisory Committee: DOT; Dept. of Human Resources; Vocational Rehabilitation; Public Service Commission; Senior Centers; public and private transit systems; Indian programs.	DOT prioritizes vehicle funding applications and submits to advisory committee for final funding determination.	Don Summo Dept. of Transportation 1263 S. Stewart Street Carson City, NE 89712 (702) 687-3466

Coordinating Transportation Resources

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
New Hampshire	1993 Interdepartmental Agreement creating Coordination Working Group	Coordination Working Group: Departments of Transportation & Health & Human Services	Reviews applications for Sec. 16 funds; gives priority ranking to coordinated approaches.	Kit Morgan Dept. of Transportation P.O. Box 483 Concord, NH 03302 (603) 271-2564
New Jersey	1993 New Jersey State Management Plan specifying coordination process	Regional review committees and state review committee consist of New Jersey Transit, the state-wide transit provider and coordinator and the Office of Aging.	Vehicle funding applications reviewed in affected region followed by state review at NJT and Office of Aging.	Robert Koska New Jersey Transit Office of Special Services 1 Penn Plaza, 7th Floor Newark, NJ 07105-2246 (201) 491-7376
New Mexico	1993 vehicle sharing arrangement between DOT and Special Arts Council; DOT and AoA joint planning process	DOT serves as lead agency supporting local coordination efforts.	DOT is involved with helping local projects obtain Section 16 vehicles for demonstration grants with programs for artists with disabilities and with AoA transport needs.	Barbara Brown Dept. of Transportation Public Transportation Div. P.O. Box 1149 Santa Fe, NM 87504-1149 (505) 827-0410
New York	Chapter 61, 1991 requiring coordinated transit district service	Interagency Policy Committee: DOT and all state human service agencies.	Has conducted study to define policies for coordination; in process of selecting demonstration projects to evaluate policy recommendations.	Michael R. Baker Dept. of Transportation Building 4 State Office Campus Albany, NY 12232 (518) 457-2100
North Carolina	Executive Order, 1978, revised 1991	Human Service Transportation Council: DOT; Dept. of Human Resources; Dept. of Community Development	Reviews program and vehicle funding applications as basis for funding decisions; is conducting state needs assessment study human service transportation.	Charles Glover Public Transp. & Rail Div. Dept. of Transportation Raleigh, NC 27611 (919) 733-4713
North Dakota	1978 DOT and Dept. of Human Services agreement creating Project Funding and Vehicle Selection Committee	Project Funding and Vehicle Selection Committee: DOT and Department of Human Services	Makes joint review and funding decisions on all Sec. 18 and 16 vehicle applications.	Bill Weimer Public Transit Dept. of Transportation 608 East Boulevard Bismark, ND 58505-0700 (701) 224-2194

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Ohio	1989 informal arrangement between DOT and Department on Aging establishing Joint Transportation Review Board	DOT and Department on Aging	Uses coordination training workshops and provides incentive funding (\$200,000 FTA Sec. 16) to help purchase vehicles for coordinated systems.	Rosamary Amiet Bur. of Transit Assistance Dept. of Transportation 25 S. Front St., Rm. 716 Columbus, OH 43215 (614) 466-8955
Oklahoma	1992 grant review procedure initiated by DOT to involve planning organizations and AoAs in Section 16 grant application process	DOT and Metropolitan Planning Organizations/Area Agencies on Aging	Applications for vehicle funding are forwarded to MPOs for review and comment on use and coordination of funds.	Philip Blue Special Unit on Aging Dept. of Transportation P.O. Box 255352 Oklahoma, OK 73125 (405) 521-2281
Oregon	Informal interagency cooperation and joint meetings between DOT and Dept. of Human Services (1993) created Community Transportation Evaluation Panel	DOT, DHS and county planning offices	DOT uses county-level plans to determine transportation service needs. DOT and Dept. of Human Services cooperating in developing brokerage services for human services clients; also broadened eligibility criteria for Medicaid clients.	Ioni Reid Public Transit Section Dept. of Transportation 131 Transportation Bldg. Salem, OR 97310 (503) 378-8201
Pennsylvania	1976 Rural and Intercity Common Carrier Act (requires rural service coordinators); Use of urban authority coordinator in greater Philadelphia	DOT/local coordinators in rural areas; Southeastern Pennsylvania Transportation Authority (SEPTA) in greater Philadelphia	State lottery funds assist public and paratransit funding for systems with area service coordinators. SEPTA has conducted shared ride satisfaction surveys and implemented improvements indicated by surveys.	Laverne Collins Lottery Transportation Div. Dept. of Transportation 1215 Transportation & Safety Bldg. Harrisburg, PA 17120 (717) 783-8025
Rhode Island	1991 DOT Brokerage Demonstration Project	DOT administrative oversight of broker contract with COMSIS Corporation	DOT now administering coordinated brokerage program for four of state's five counties, to serve clients of Depts. of Elderly Affairs; Mental Health; Rehab. and Hospitals; Human Services.	David Martone Dept. of Transportation Two Capital Hill, Rm. 372 Providence, RI 02903 (401) 277-2694
South Carolina	1981 Interagency Council Legislation	Dept. of Transportation and Public Transportation	Has recently conducted county by county needs assessment, including coordination policies recommendations for implementation in 1995.	Karen Ross Grant Public Transportation Div. Dept. of Highways & Public Transportation P.O. Box 191 Columbia, SC 29202 (803) 737-1280

Coordinating Transportation Resources

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
South Dakota	1976 DOT and Dept. of Social Services agreement creating Transportation Planning and Coordinating Task Force	Transportation Planning and Coordinating Task Force: DOT and Dept. of Social Services (DSS)	DSS transfers AoA Title III funds to DOT to enable single grant application for coordinated services. Task Force reviews all funding applications.	Willis McLaughlin Dept. of Transportation Local Gov't. Assistance 700 Broadway Avenue East Pierre, SD 57501 (605) 773-3137
Tennessee	1978 agreement between DOT and Commission on Aging for Section 18 programs to be managed locally by regional human services agencies	DOT and Council on Aging	Council on Aging reviews DOT FTA Sec. 16 funding requests. Sect. 18 local programs are provided through human service agencies.	Jean Lyon Commission on Aging 706 Church St., Ste. 201 Nashville, TN 37219 (615) 741-3745
Texas	1993 Act creating Office of Client Transportation	Office of Client Transportation within Office of the Governor	Newly created; is responsible for assessing coordination needs; approaches to consolidation; funding strategies; and devising approaches for local transportation planning.	Bruce Crawford Off. of Client Transp. Svs. Office of the Governor Room 335 Sam Houston Building Austin, TX 78711 (512) 463-6696
Utah	1975 Interagency Agreement creating Section 16 Selection and Evaluation Committee	Section 16 Selection and Evaluation Committee: Depts. of Aging and Adult Services, Education and Rehab. Services, Transportation; Governor's Committee on People with Disabilities; disabled and elderly lay people	Reviews and makes funding decisions on Sec. 16 applications. State is assessing possible coordination of services at regional areas of government agencies.	Glenda Seelos Section 16 Program Dept. of Transportation Salt Lake City, UT 84119 (801) 965-4141
Vermont	1986 Transportation Appropriations mandate to conduct coordination studies	Vermont Agency of Transportation; inter-agency review board is under study for possible implementation	Has conducted state-wide needs study, which has strong emphasis on developing coordinated transportation services and funding reviews.	Scott Barcom Vermont Agency of Transportation 133 State Street State Admin. Bldg. Montpelier, VT 05633-5001 (802) 828-2928

State	Legislative, Executive or Departmental Arrangement	Coordinating State Body	Technical Assistance, State-to-Local	Contact
Virginia	Chapter 38, Title 9, Code of Virginia 1992, creating Specialized Transportation Council	Specialized Transportation Council: Secretary of Health and Human Services; Secretary of Transportation; transportation consumers and providers; elderly and disabled representatives	Provides start-up grants for coordinated systems from funding provided by a state income tax check-off. Serves as forum for technical exchange on coordination.	Bob Knox Specialized Transp. Council Dept. for the Aging 10th Floor 700 East Franklin Street Richmond, VA 23219 (804) 225-3140
Washington	1989 joint effort by Dept. of Social and Health Services to implement Transportation Brokerage Demonstration Project (since expanded)	Dept. of Social and Health Services and Dept. of Transportation, in cooperation with Medical Assistance Administration.	Developed model demonstration project to implement brokered transportation for human services clients and evaluated results; project since expanded state-wide as part of annual work program of Medical Assistance Administration.	Gordon Kirkemo Dept. of Transportation Public Transportation Office P.O. Box 47370 Olympia, WA 98504-7370 (206) 586-2483
West Virginia	DOT has initiated three current demonstration projects focused on coordinated approaches to transportation	DOT in cooperation with local medical paratransit provider, senior service provider and university system.	DOT testing how improvements in local communications systems improve the delivery of services to human services clients.	Susan O'Connell Division of Public Transit Dept. of Transportation Bldg. 5, Room 716 Capitol Complex Charleston, WV 25305 (304) 558-0428
Wisconsin	Specialized Transportation Assistance Program for Counties, s. 85.21 "County Aid Program" (1977)	Local Coordinating Council, cooperating with DOT; Dept. of Health & Social Services; regional Area Agencies on Aging; regional planning agencies.	Counties develop transportation plans to qualify for state trust fund monies. Other funding state administered FTA sources goes through regional and state agency review.	Larry Kieck County Aid Program Dept. of Transportation P.O. Box 7914 Madison, WI 53707-7914 (608) 266-9476
Wyoming	DOT cooperates with local systems to exchange information on coordination	DOT	DOT has recently surveyed funds recipients concerning special transportation service needs. Because of close-knit nature of residents, mobility needs are identified easily, requiring less formal coordination.	John Black Office of Local Government Highway Department P.O. Box 1708 Cheyenne, WY 82002-9019 (307) 777-4181